

PLS000063527

**Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Alan L. Causey, M.D., P.A.

Certificate of Status	0
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15 JUL 28 PM 3:55
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Alan L. Causey, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE and MAILING ADDRESS

The principal place of business and mailing address of this corporation shall be:

Mailing and Principal Address:

1216 Blackrush Drive
Tarpon Springs FL 34689

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

Alan L. Causey
1216 Blackrush Drive
Tarpon Springs FL 34689

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Alan L. Causey
1216 Blackrush Drive
Tarpon Springs FL 34689

ARTICLE VI OFFICERS

The officers of the corporation are:

Alan L. Causey - President, Secretary, Treasurer

ARTICLE VII DIRECTORS

The directors of the corporation are:

Alan L. Causey - Director

ARTICLE VIII BUSINESS PURPOSE

The business purpose of this corporation is:

Physician

ARTICLE IX EFFECTIVE DATE

The effective date of the corporation is:

Immediately upon filing

X



Signature/Incorporator

7/28/15

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X



Signature/Registered Agent

7/28/15

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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