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#### **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

7.

SUBJECT: <i>B</i>	A/ANCED Physical (PROPOSED CORPORA)	PIAN ARE, TE NAME - MUST INCL	O. A. UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED				
FROM: KAREN LAVIS CPA (Registered Agent) Name (Printed or typed)				
447 Atlantic BlvD, Suite 5				
Atlantic Beach, FL 32233 City, State & Zip				
904) 534 - 728 a  Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

OF

#### BALANCED PHYSICIAN CARE, P.A.

## ARTICLE I

The name of the corporation shall be: Balanced Physician Care, P.A.

#### ARTICLE II PRINCIPAL OFFICE

The principal office and mailing address of the Corporation is 601 S. 1st Street, 4B

Jacksonville Beach, FL 32250

#### ARTICLE III PURPOSE

The purpose of the corporation is to engage in any lawful act or activity for which a professional corporation organized to engage in the practice of medicine may be organized under the governing Law of the State of Florida.

# ARTICLE IV AUTHORIZED CAPITAL STOCK

The total number of shares of which the Corporation shall have the authority to issue is 10,000.

## **ARTICLE V** PROVISIONS

The provisions for the regulations of the internal affairs of the Corporation shall be as set forth in the bylaws.

#### ARTICLE VI DURATION

The duration of the Corporation shall be perpetual.

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#### ARTICLE VII BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the Corporation is one.

The name and address of each person who is to serve as members of the initial Board of Directors
/Officers of the Corporation are as follows:

Sharyl J. Truty M.D. - President

601 S. 1<sup>st</sup> Street 4B Jacksonville Beach, FL 32250

# ARTICLE VIII REGISTERED OFFICE/AGENT

The street address of the Corporation's initial registered office in the State of Florida is

Karen Davis, CPA 14560 San Pablo Drive North Jacksonville, FL 32224

# ARTICLE IX INCORPORATOR

The name and address of each incorporator is:

Sharyl J. Truty M.D. - President 601 S. 1<sup>st</sup> Street 4B Jacksonville Beach, FL 32250

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Registered Agent Date 7-22-2015

I submit this document and affirm that the lacts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

Shary MA

7-29-2015 Date----

Incorporator