

P15000094979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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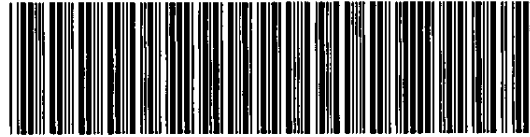
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 NOV - 6 PM 3:38

EFFECTIVE DATE
NOV. 5, 2015

NOV 25 2015
T CANNON

COVER LETTER

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

SUBJECT: Eagle Medical Management, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jena Woodyard

Name (Printed or typed)

1526 SE 27th Street Apartment E

Address

Ocala, FL 34479

City, State & Zip

352-427-4438

Daytime Telephone number

chiefeagleceo@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2015

JENA WOODYARD
1526 SE 27TH STREET
APARTMENT E
OCALA, FL 34479 US

SUBJECT: EAGLE MEDICAL MANAGEMENT, INC.
Ref. Number: W15000075759

We have received your document for EAGLE MEDICAL MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P00000076453 (EAGLE MEDICAL MANAGEMENT, INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon
Regulatory Specialist II

Letter Number: 715A00024406

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Eagle Medical Management, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3360 NE Jacksonville Road

Ocala, FL 34479

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services for developmentally disabled individuals to empower them to reach their highest cognitive and physical ability to live in the community successfully and to employ individuals and provide training in accordance with Medicaid requirements.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jena Woodyard

Name and Title: _____

Address 1526 SE 27th Apt E

Address: _____

Ocala, FL

Name and Title: Cathern Arnett, Vice President

Name and Title: _____

Address 22 Tupelo Avenue

Address: _____

Fort Walton Beach, FL 32543

Name and Title: Courtnee Colson, Director

Name and Title: _____

Address 2432 SE 5th Circle #3

Address: _____

Ocala, FL 34471

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jena Woodyard

Address: 1526 SE 27th Street Apt E

Ocala, FL 34471

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jena Woodyard

Address: 1526 SE 27th Street Apt E

Ocala, FL 34471

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 5, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

November 5, 2015

Date

I submit this document and affirm that the facts 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 s.817.155, F.S.



Required Signature/Incorporator

November 5, 2015

Date



3360 NE Jacksonville, FL

Ocala, FL 34479

Ph: (352) 622-2900

Fax: (352) 622-2909

Golden Eagle Group Home

536 SE 19th St.

Ocala, FL 34480

Ph: (352) 789-6145

Email Address:

chiefeagleceo@gmail.com

November 5, 2015

Department of State
Administrative
P. O. Box 6327
Tallahassee, FL 32314

I, Jena Woodyard, as owner request that the following corporations which are dissolved be released and not reinstated as requested from Jena Woodyard, owner.

Eagle Medical Management, Inc., Document # P00000076453

~~Eagle Life Enrichment, Inc. Document # N08000005038~~

Jena Woodyard, President
352-427-4438

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