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16 APR -8 AM 11:43
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TALLAHASSEE, FLORIDA

MD 4/1/14

COVER LETTER

A

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

SUBJECT: WALT MARTIN, M.D., P.A.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: WALTER MARTIN, M.D., P.A.
Name (Printed or typed)

1725 FIFTH ST. NORTH
Address

Saint Petersburg, FL 33704
City, State & Zip

(828) 707-4255
Daytime Telephone number

beagle087@gmail.com beagle087@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: WALT MARTIN, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1725 FIFTH ST. NORTH
ST. PETERSBURG, FL 33704

P.O. BOX 22502
Saint Petersburg, FL 33742

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to practice outpatient internal
medicine as a locum tenens physician

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ST. PETERSBURG, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
WALTER E. MARTIN, M.D. Name and Title: _____

Address 1725 Fifth St. North Address: _____
P.O. BOX 22502
Saint Petersburg, FL 33742

Name and Title: VICE PRESIDENT and TREASURER
ARLYN B. MARTIN Name and Title: _____

Address 1725 Fifth St. North Address: _____
P.O. Box 22502
St. Petersburg, FL 33742

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: WALTER E. MARTIN, M.D.

Address: 1725 Fifth Street North
Saint Petersburg, FL 33704

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER E. MARTIN, M.D.

Address: 1725 FIFTH ST. NORTH
P.O. BOX 22502
ST. PETERSBURG, FL 33742

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Walter E. Martin, M.D.

Required Signature/Registered Agent

3/14/2016
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.

Walter E. Martin, M.D.

Required Signature/Incorporator

3/14/2016
Date