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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300284071923

04/04/16--01038--004 \*\*87.50

Correction: W16000026290

**COVER LETTER**

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

SUBJECT: Physician Associates of the Palm Beaches, 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 - paid  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Linda Ford  
Name (Printed or typed)

49 Skystone Court  
Address

Pensacola FL 32506  
City, State & Zip

561-633-9913  
Daytime Telephone number

galtoceanmile@gmail.com  
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)

**ARTICLE I NAME**

The name of the corporation shall be: Physician Associates of the Palm Beaches, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

49 Skystone Court

Pensacola, FL 32506

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For the purpose of transacting any or all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Linda Ford, President

Address 49 Skystone Court

Pensacola, FL 32506

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Rosalyn Mitchell, Vice President

Address 49 Skystone Court

Pensacola, FL 32506

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Rosalyn Mitchell  
Address: 49 Skystone Court  
Pensacola, FL 32506

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosalyn Mitchell  
Address: 49 Skystone Court  
Pensacola, FL 32506

**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*

Rosalyn Mitchell  
Required Signature/Registered Agent

4/12/16  
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.817.135, F.S.*

Rosalyn Mitchell  
Required Signature/Incorporator

4/12/16  
Date