

PI600004222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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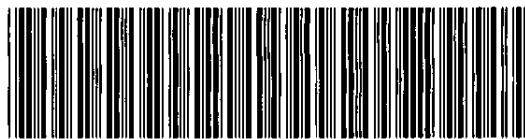
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
16 MAY 12 PM 2:19

mim



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2016

JULIE PHILIPS
4300 N.W. 101 DRIVE
CORAL SPRINGS, FL 33065

SUBJECT: JAPMD, INC.
Ref. Number: W16000031209

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We have received your document for JAPMD, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 216A00008740

RECEIVED
16 MAY 12 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Japmd,inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4300 NW 101 Dr

Coral Springs, Fl 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Physician Services

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Phillips, director

Name and Title:

Address

4300 NW 101 Dr

Address:

Coral Springs, Fl 33065

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA
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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: Julie Phillips
Address: 4300 NW 101 Dr
Coral Springs, Fl 33065

ARTICLE VII INCORPORATOR

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

Name: Julie Phillips
Address: 4300 NW 101 Dr
Coral Springs, Fl 33065

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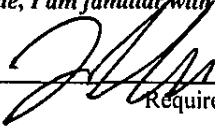
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-20-16 (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

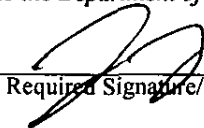


Required Signature/Registered Agent

5-6-16

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.817.155, F.S.



Required Signature/Incorporator

5-6-16

Date