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16 JUN 14 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7-16-16

6/21/16

COVER LETTER

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

SUBJECT: PrevMED Optometry Group, PA

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marci Guevara

Name (Printed or typed)

1499 Windhorst Way Ste 120

Address

Greenwood, IN 46143

City, State & Zip

317-452-4357

Daytime Telephone number

mguevara@mahweb.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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: PrevMED Optometry Group, PA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1499 Windhorst Way Ste 120

Greenwood, IN 46143

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Provision of optometric services in nursing homes and any other
legal purpose.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Barry Aronson, President

Name and Title: Patrick Murphy, Secretary

Address 1499 Windhorst Way Ste 120

Address: 1499 Windhorst Way Ste 120

Greenwood, IN 46143

Greenwood, IN 46143

Name and Title: Keith Walls, Treasurer

Name and Title: _____

Address 1499 Windhorst Way Ste 120

Address: _____

Greenwood, IN 46143

Name and Title: _____

Name and Title: _____

Address _____

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee FL 32301

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Marci Guevara

Address: 1499 Windhorst Way Ste 100

Greenwood. IN 46143

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

Corporation Service Company

Sylvia Queppet Sylvia Queppet, Asst. Vice President 06/08/2016
Required Signature/Registered Agent 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.

Marci Guevara
Required Signature/Incorporator

6/8/2016
Date