

P 16 000081810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

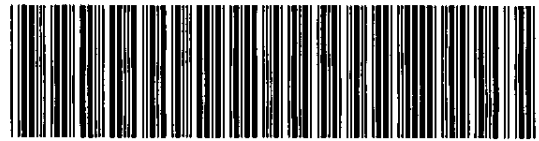
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

N. SAMS  
OCT 07 2016



700290838817

10/06/16--01017--007 \*\*87.50

2016 OCT -6 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Flagler Professional Health Care Services, 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:** Jeffrey A. Hurley, CLO  
Name (Printed or typed)

Flagler Hospital, Inc., 400 Health Park Blvd., Suite 106  
Address

Saint Augustine, Florida 32086  
City, State & Zip

904-819-5233  
Daytime Telephone number

angela.robinson2@flaglerhospital.org  
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: Flagler Professional Health Care Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

400 Health Park Blvd.

Saint Augustine, Florida 32086

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Providing physician-based health care services and for all other purposes allowed by law.

RECEIVED  
FILED  
OCT 6 11 31  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 500,000

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

Name and Title: Joseph S. Gordy Name and Title: President

Address: 400 Health Park Blvd. Address: \_\_\_\_\_

Saint Augustine, Florida 32086 \_\_\_\_\_

Name and Title: Stuart Soroka, Dr. Name and Title: Secretary

Address: 400 Health Park Blvd. Address: \_\_\_\_\_

Saint Augustine, Florida 32086 \_\_\_\_\_

Name and Title: Len Tucker Name and Title: Director

Address: 400 Health Park Blvd. Address: \_\_\_\_\_

Saint Augustine, Florida 32086 \_\_\_\_\_

Name and Title: Matt Baker Name and Title: Director  
 Address: 400 Health Park Blvd. Address: \_\_\_\_\_  
Saint Augustine, Florida 32086 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Joseph Gordy, CEO  
 Address: 400 Health Park Blvd.  
Saint Augustine, Florida 32086

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2016 OCT -6 PM 12:31

**ARTICLE VII INCORPORATOR**

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

Name: Jeffrey A. Hurley, CLO  
 Address: 400 Health Park Blvd.  
Saint Augustine, Florida 32086

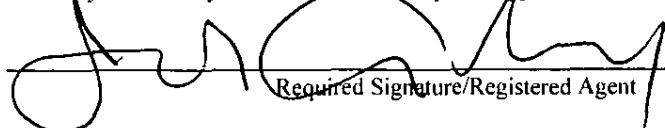
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

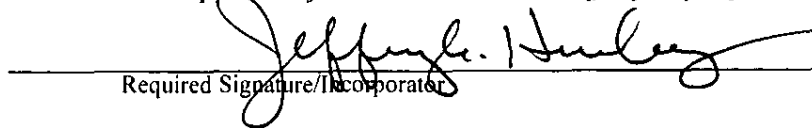
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 Required Signature/Registered Agent 10/3/2016 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.*

 Required Signature/Incorporator 10/3/2016 Date