

P18000000290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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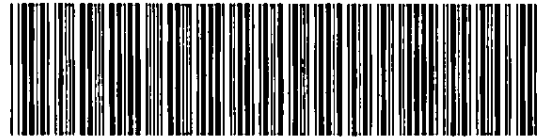
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 03 2018

K. Brumbley

COVER LETTER

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

SUBJECT: Precision Anesthesiology 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

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

FROM: David Howell

Name (Printed or typed)

400 Kelly Plantation Dr Unit 703

Address

Destin, FL 32541

City, State & Zip

504-415-7639

Daytime Telephone number

hgalarie99@aol.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: Precision Anesthesiology PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 Kelly Plantation Dr Unit 703

Mailing address, if different is:

Destin FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide anesthesiology services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marina B. Howell, MD (P)

Address: 400 Kelly Plantation Dr Unit 703
Destin, FL 32541

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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JANUARY 2, 2018
JANUARY 2, 2018

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: David Howell
Address: 400 Kelly Plantation Dr Unit 703
Destin, FL 32541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marina B. Howell, MD
Address: 400 Kelly Plantation Dr Unit 703
Destin, FL 32541

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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
12/27/17
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
12/27/17
Date