

P1800002824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

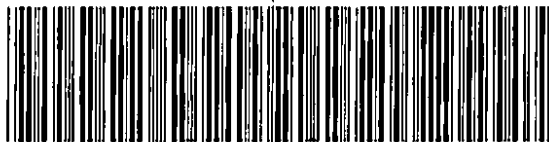
Certificates of Status _____

Special Instructions to Filing Officer:

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M. MOON

JAN 10 2018



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01/10/18-01007--004 **210.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 10 AM 11:09

18 JAN 10 PM 2:24

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/10/2018

****WALK IN****

ENTITY NAME PREVMED PENSACOLA TELEMEDICINE, P.A.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70.00

CHECK # 4407

18 JAN 10 PM 2:24

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: PrevMed Pensacola Telemedicine P.A.

(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: Linda Lee Howard c/o Baker Donelson Bearman Caldwell & Berkowitz

Name (Printed or type)

211 Commerce Street, Suite 800

Address

Nashville, TN 37201

City, State & Zip

615-726-7315

Daytime Telephone number

fbrewer@prevmedheartrisk.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

18 JAN 10 PM 2:24

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME PrevMed Pensacola Telemedicine P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address 210 King Arthur Circle Franklin, TN 37067 _____ _____	Mailing address, if different is: Same _____ _____ _____
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
To provide medical services.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ford Brewer, M.D., Sole Dir/Pres/Sec Address: 210 King Arthur Circle Franklin, TN 37067 _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

18 JAN 0 PM 2:21

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel A. Stephenson
Address: 211 Commerce Street, Suite 800
Nashville, TN 37201

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 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

By: NRAI Services, Inc.

Required Signature/Registered Agent

1/10/18
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

1/8/2018
Date