

P190000009487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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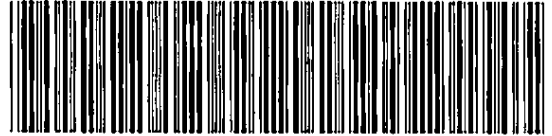
(Business Entity Name)

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T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 610603 8262822

AUTHORIZATION :



COST LIMIT : \$ 87.50

ORDER DATE : February 1, 2019

ORDER TIME : 12:01 PM

ORDER NO. : 610603-005

CUSTOMER NO: 8262822

DOMESTIC FILING

NAME: BLUEBERRY MEDICAL PA

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Blueberry Medical 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:** Dianne Zollow MD

Name (Printed or typed)

246 Oakhurst Circle

Address

Kissimmee, FL 34744

City, State & Zip

407 497 9203

Daytime Telephone number

harrison.m.gordon@gmail.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: Blueberry Medical PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

246 Oakhurst Circle

Kissimmee, FL 34744

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in the practice of medicine.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Dianne Zullo, MD - Director

Name and Title:

Address 246 Oakhurst Circle

Address:

Kissimmee, FL 34744

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE OF FLORIDA  
TALLAHASSEE COUNTY CLERK

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

**ARTICLE VII INCORPORATOR**

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

Name: Dianne Zullo MD  
Address: 246 Oakhurst Circle  
Kissimmee, FL 34744

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/01/2019 (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: Emily Croft Emily Croft  
Corporation Service Company  
Required Signature/Registered Agent  
Asst. Vice President

2/1/19  
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.*

Dianne S Zullo  
Required Signature/Incorporator

1/31/19  
Date