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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
DOC ON THE ROCK CORP

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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: DOC ON THE ROCK CORP

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
102901 OVERSEAS HWY	
KEY LARGO, FL 33037	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THIS ENTITY IS A MEDICAL OFFICE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS MORRISON MD (P)

Address: 102901 OVERSEAS HWY
KEY LARGO, FL 33037

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: THOMAS MORRISON

Address: 102901 OVERSEAS HWY

KEY LARGO, FL 33037

ARTICLE VII INCORPORATOR

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

Name: THOMAS MORRISON

Address: 102901 OVERSEAS HWY

KEY LARGO, FL 33037

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

_____ 1/6/20

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.

_____ 1/6/20

Required Signature/Incorporator Date