

P20000090691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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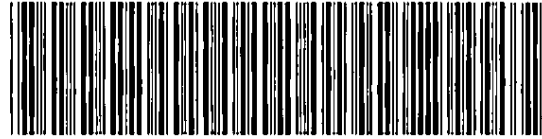
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 NOV 23 PM 1:15

14 NOV 23 11:04

NOV 24 2020  
K Brumley

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/23/2020

Acc#120160000072

*Erica Walters*

Name:	ERICA WALTERS MEDICAL P.A.
Document #:	
Order #:	13362170 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ 78.75

Thank you!

## COVER LETTER

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

**SUBJECT:** Erica Walters Medical, 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:** Amanda Feldman  
\_\_\_\_\_  
Name (Printed or typed)  
  
511 Union Street, Suite 2700  
\_\_\_\_\_  
Address  
  
Nashville, TN 37219  
\_\_\_\_\_  
City, State & Zip  
  
615-850-8174  
\_\_\_\_\_  
Daytime Telephone number  
  
amanda.feldman@wallerlaw.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: Erica Walters Medical P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1126 South Federal Highway, Suite 610,

Fort Lauderdale, FL 33316

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of this entity is to provide professional medical services.

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**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Erica Walters, President

Name and Title: Erica Walters, Director

Address 1126 South Federal Highway, Suite 610,  
Fort Lauderdale, FL 33316

Address: 1126 South Federal Highway, Suite 610  
Fort Lauderdale, FL 33316

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: Erica Walters  
Address: 1126 South Federal Highway, Suite 610,  
Fort Lauderdale, FL 33316

**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: C T Corporation System  
Meredith Hellwig, Assistant Secretary *Meredith Hellwig* 11/20/2020  
\_\_\_\_\_  
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.*

*Erica Walters, M.D.*  
\_\_\_\_\_  
Required Signature/Incorporator November 20, 2020  
Date