

P21000016735

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FLORIDA PROFIT/NON PROFIT CORPORATION
James Kevin Belville, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be James Kevin Belville, M.D., P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address60 South River RoadStuart, FL 34996

Mailing address, if different is

60 South River RoadStuart, FL 34996**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 James Kevin Belville, M.D., DirectorAddress 60 South River RoadStuart, FL 34996Name and Title James Kevin Belville, M.D., PresidentAddress 60 South River RoadStuart, FL 34996Name and Title James Kevin Belville, M.D., SecretaryAddress 60 South River RoadStuart, FL 34996Name and Title James Kevin Belville, M.D., TreasurerAddress 60 South River RoadStuart, FL 34996

Name and Title _____

Address _____

Name and Title _____

Address _____

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Name and Title _____ Name and Title _____
 Address _____ Address _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name James Kevin Belville, M.D.
 Address 60 South River Road
Stuart, FL 34996

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name James Kevin Belville, M.D.
 Address 60 South River Road
Stuart, FL 34996

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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*

James Kevin Belville, M.D.
 Required Signature/Registered Agent

02/19/2021
 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.

James Kevin Belville, M.D.
 Required Signature/Incorporator

02-19-2021
 Date

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