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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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☐ **CERTIFIED COPY** _____
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xx **FILING** INC _____

1. CMWALTERS, P.A.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: CMWalters, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4379 Mourning Dove Dr.

Naples, FL 34119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the provision of medical services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Walters M.D., DPST

Address 4379 Mourning Dove Dr.
Naples, FL 34119

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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: Jeff Novatt, Esq.

Address: 1415 Panther Lane, Suite 432

Naples, FL 34109

ARTICLE VII INCORPORATOR

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

Name: Jeff Novatt, Esq.

Address: 1415 Panther Lane, Suite 432

Naples, FL 34109


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 in 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

 Esq.
Required Signature/Registered Agent

09/10/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Esq.
Required Signature/Incorporator

09/10/2021
Date