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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LYN HEALTH PRACTICE GROUP, P.A.

Certificate of Status	0
Certified Copy	1
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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: Lyn Health Practice Group, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address13607 118th AvenueKirkland, WA 98034-2147

Mailing address, if different is:

P.O. Box #90801Seattle, WA 98113**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in the practice of medicine and any other lawful acts.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Vernon Rice, M.D.

Name and Title: _____

Address: 7 Sandpiper Cove

Address: _____

Ponte Vedra Beach, FL 32082

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

21 DEC -6 AM 9:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: Capitol Corporate Services, Inc.
Address: 515 East Park Avenue, 2nd Fl
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: David Vernon Rice, M.D.
Address: 7 Sandpiper Cove
Ponte Vedra Beach, FL 32082

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

Taylor Seay Taylor Seay, Asst. Secretary 12/05/2021
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.

David V Rice 11/18/2021
Required Signature/Incorporator Date