

To:

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2022-06-02 06:00:29 PDT

LegalZoom.com, Inc.

From: Kayla Butler

PZ000042976

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**West Medical Care P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**COVER LETTER**

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

**SUBJECT:** West Medical Care 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:** Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City, State & Zip

323-962-8600 ext. 7625

Daytime Telephone number

ramanagement@legalzoom.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: West Medical Care P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1459 Heartwellville St NW, Palm Bay,Florida 32907**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: REGISTERED NURSE**ARTICLE IV SHARES**The number of shares of stock is: 1,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Christopher West (P,D)Name and Title: Christopher Glenn West (T)Address: 1459 Heartwellville St NW  
Palm Bay, Florida 32907Address: 1459 Heartwellville St NW  
Palm Bay, Florida 32907Name and Title: Sabrina Smith (S,D)

Name and Title: \_\_\_\_\_

Address: 1459 Heartwellville St NW  
Palm Bay, Florida 32907

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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 CLERK OF STATE

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: United States Corporation Agents, Inc.  
 Address: 5575 S. Semoran Blvd. Suite 36,  
Orlando, FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.  
 Address: 101 N. Brand Blvd., 11th Floor,  
Glendale, CA 91203

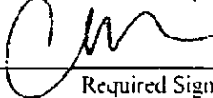
**ARTICLE VIII EFFECTIVE DATE:**

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*

 6/2/2022  
 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.*

Cheyenne Moseley, Legalzoom.com, Inc.  
 Required Signature/Incorporator Date

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