

P23000006424

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
JAMESON MEDICAL P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

02

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: Jameson Medical P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2655 N Ocean Drive Ste 328
Mailing address, if different is: 2655 N Ocean Drive Ste 328
Riviera Beach, FL 33404
Riviera Beach, FL 33404

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide medical care to the public.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Catherine Jameson-Pres	Name and Title:	
Address:	2655 N Ocean Drive Ste 328	Address:	
	Riviera Beach, FL 33404		

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: Catherine Jameson
Address: 2655 N Ocean Drive Ste 328
Riviera Beach, FL 33404

ARTICLE VII INCORPORATOR

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

Name: Catherine Jameson
Address: 2655 N Ocean Drive Ste 328
Riviera Beach, FL 33404

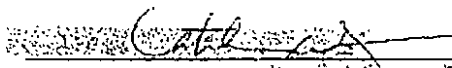
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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



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.



Required Signature/Incorporator



Date