

P23000006424

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000033693 3)))



H230000336933ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASI
Account Number : I2022000023
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: _____

1/12/15
ZIV

FLORIDA PROFIT/NON PROFIT CORPORATION JAMESON MEDICAL P.A.

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

De

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

Riviera Beach, FL 33404

Mailing address, if different is:

2655 N Ocean Drive Ste 328

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

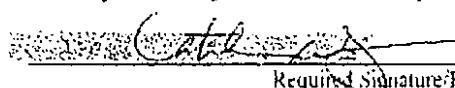
ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____, (OPTIONAL)

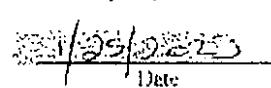
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

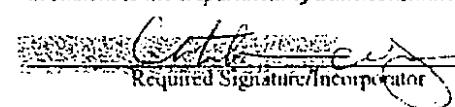


Required Signature/Registered Agent



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