

P95000064819

SCRUGGS & CARMICHAEL, P.A.

ONE S.E. FIRST AVENUE 32601
POST OFFICE BOX 23108 32602
GAINESVILLE, FLORIDA

FAX (904) 375-0690
TELEPHONE (904) 376-5242

WEST GAINESVILLE:
LAND TITLE PLAZA
2632 N.W. 43RD STREET
SUITE A-102
GAINESVILLE, FLORIDA 32606
FAX (904) 378-9326
TELEPHONE (904) 376-5242

☒ REPLY
DOWNTOWN

☐ REPLY
WEST GAINESVILLE

FILED

95 AUG 21 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAM C. ANDREWS
JOHN F. ROSCOW III
STAN CUSHMAN
PHILIP A. DELANEY
MITZI COCKRELL AUSTIN
MARILYN W. PETERSON
JOHN G. STINSON
STEVEN M. CHAMBERLAIN, LL.M.
KEVIN DALY
RAYMOND M. IVEY
MARY DAY COKER
JEFFREY R. DOLLINGER

SIOSBEE L. SCRUGGS
1988-1993
PARKS M. CARMICHAEL
1908-1994
WILLIAM D. BRIDGTON
1933-1980
MICHELLE VAUGHNS
1946-1982

RETIRED
RAY D. HELPLING
WILLIAM N. LONG

August 14, 1995

Florida Dept. of State
P.O. Box 6327
Tallahassee, Florida 32314

700001565277
-08/21/95--01078--018
****140.00 *****70.00

RE: "NETWORK PHARMACY, INC." and
"ID PHYSICIANS' NETWORK, INC."

Dear Sir, Madame:

Enclosed please find the following:

1. Original and one (1) copy each of the Articles of Incorporation for Network Pharmacy, Inc. and ID Physicians' Network, Inc.
2. Scruggs & Carmichael, P.A. check #55885 in the amount of \$140.00 as and for your filing fee for both corporations.

Please process in your normal course of business. After time stamping the Articles of Incorporation for both corporations, please send me a copy of each in the enclosed stamped envelope.

Sincerely yours,


Kevin Daly

KD/kao
Enclosures

cc: K. Garriott

ARTICLES OF INCORPORATION OF
ID PHYSICIANS' NETWORK, INC.

FILED

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SECRET
FLORIDA

1. Name. The name of the corporation is: ID PHYSICIANS' NETWORK, INC.
2. Purpose. The corporation may engage in any legal business.
3. Stock. The maximum number and class of shares of capital stock this corporation is authorized to have outstanding is 1,000 shares of common capital stock of a par value of \$1.00 per share. The corporation shall have a lien on its shares of stock for any debt or liability incurred to it by a stockholder before being notified of a transfer or levy on such shares.
4. Existence. The corporation shall have perpetual existence. The corporation shall commence existence on the date of filing with the Secretary of State.
5. Registered Agent. The initial street address in the State of Florida of the initial registered office of the proposed corporation is 6605 NW Ninth Boulevard, Gainesville, Florida, 32605, and the name of its initial registered agent at such address is ROBERT W. YANCEY, JR., M.D.
6. Location. The mailing address of the corporation is 6605 NW Ninth Boulevard, Gainesville, Florida, 32605.
7. Management. Business of the corporation shall be managed by the stockholders.
8. Incorporator. The name and address of the person signing these Articles of Incorporation as incorporator is as follows: ROBERT W. YANCEY, JR., M.D., 6605 NW Ninth Boulevard, Gainesville, Florida, 32605.

The undersigned, being the original incorporator and registered agent hereinbefore named, for the purpose of forming a corporation to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true, that the undersigned is familiar with and accepts the duties and obligations as registered agent for said corporation and accordingly, has executed this document on this 21 day of July, 1995.

Robert W. Yancey, Jr.
ROBERT W. YANCEY, JR., M.D.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 26 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064819**

1 Corporation Name

MD PHYSICIANS' NETWORK, INC.

Principal Place of Business

**6805 N.W. NINTH BOULEVARD
GAINESVILLE FL 32605**

Mailing Address

**6805 N.W. NINTH BOULEVARD
GAINESVILLE FL 32605**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

3601 SW 2nd Ave

Suite, Apt. #, etc.

Ste. M

City & State

GAINESVILLE, FL.

Zip

32607

Country

USA

3 New Mailing Office Address, If Applicable

3601 SW 2nd Ave.

Suite, Apt. #, etc.

Ste. M

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

4 Date Incorporated or Qualified
To Do Business in Florida

08/21/1995

5 FEI Number

59-3345737

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

☒ Yes ☐ No

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Robert W. Yancey	3601 SW 2nd Ave Ste M	Gainesville, FL 32607
ST	Kathy Barriott	Same	Same
VP	Thomas P. Poirier	Same	Same

600001975218
-10/15/96--01214--017
***375.00 ***375.00

8. Name and Address of Current Registered Agent

**YANCEY, ROBERT W JR., MD
6805 N.W. NINTH BOULEVARD
GAINESVILLE FL 32605
32607**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Robert W. Yancey

REGISTERED AGENT MUST SIGN

Date **9/25/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Robert W. Yancey