

P96000103359
TRANSMITTAL LETTER

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

300002034133--2
-12/19/96-01085-018
****122.50 ****122.50

SUBJECT: POLK FAMILY CLINICS INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ANTHONY JEAN-JACQUES MD
Name (Printed or typed)

1263 E. MAIN ST.

Address

BARTOW, FL. 33830

City, State & Zip

(941) 533-6331

Daytime Telephone number

Dmc
12/26/96

96 DEC 19 AM 9:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED

96 DEC 19 AM 9:09

The undersigned incorporator(s), for the purpose of forming a corporation under the *Florida Business Corporation Act*, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

POLK FAMILY CLINICS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1263 E. MAIN ST.
BARTOW, FL. 33830

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTHONY JEAN-JACQUES, MD
1263 E. MAIN ST.
BARTOW, FL. 33830

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):


ANTHONY JEAN-JACQUES MD
1263 E. MAIN ST.
BARTOW, FL. 33830

PHILIP THOMAS MD
1263 E. MAIN ST.
BARTOW, FL. 33830

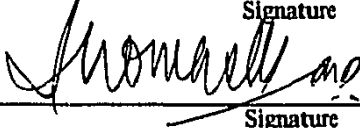
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 day of DECEMBER, 1996.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
96 DEC 19 AM 9:09
SEC. OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is POLK FAMILY CLINICS INC.

2. The name and address of the registered agent and office is:

ANTHONY JEAN-JACQUES MD
(NAME)

1263 E. MAIN ST.

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BARTOW FL. 33830
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

12/16/96
(DATE)