

P98000026889

Health Care Associates

Requestor's Name

5250 17th St., Ste 102

Address

Sarasota, FL 34235

City/State/Zip

Phone #

941-378-4484

700002464007--3

-03/20/98-01109-011

***122.50 ***122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF INCORPORATION
OF

BEE RIDGE FAMILY CLINIC, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

Bee Ridge Family Clinic, Inc.

The principal place of business of this corporation shall be:

3920 Bee Ridge Road
Building E, Suite H
Sarasota, FL 34233

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of, the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 shares at no par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are)

Cecelia M. Hermann M.D.
3920 Bee Ridge Road
Building E, Suite H
Sarasota, FL 34233

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

Cecelia M. Hermann M.D.
3920 Bee Ridge Road
Building E, Suite H
Sarasota, FL 34233

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this Sixteenth day of March 1998.

Signature(s) of Incorporator(s)

Cecelia M Hermann M.D.

STATE OF FLORIDA
COUNTY OF manatee

THE FOREGOING instrument was acknowledged and sworn to before me this 19th day
of March 1998 BY Cecelia M. Hermann, M.D.
(name of incorporator)
of Bee Ridge Family Clinic
(name of corporation)

Jessica Dunnam
Notary Public

My Commission Expires: 3/12/00



JESSICA DUNNAM
My Comm Exp. 3/12/00
Bonded By Service Ins.
No. CC539276

☒ Personally Known ☐ [Other] ☐

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 th e State of Florida.

1. The name of the corporation is:
Bee Ridge Family Clinic, Inc.
2. The name and address of the registered agent and office is:
Cecelia M. Hermann M.D.
3920 Bee Ridge Road
Building E, Suite H
Sarasota, FL 34233

Signature: Cecelia M Hermann
(corporate officer)

Title: President

Date: 3/19/98

Having Been Named to Accept Service of Process for the above Stated Corporation, at the Place Designated in this Certificate, I Hereby Agree to Act in this Capacity, and I Further Agree to Comply with the Provisions of All Statutes Relative to the Proper and Complete Performance of My Duties, and I Accept the Duties and Obligations of Section 607.325 Florida Statutes.

Signature: Cecelia M Hermann
(registered agent)

Date: 3/19/98