

P98000063072

TRANSMITTAL LETTER

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

SUBJECT: JEFFREY DEVON, M.D. P.C.  
(Proposed corporate name - must include suffix)

600002574696--1  
-06/29/98--01055--017  
\*\*\*\*131.25 \*\*\*\*131.25

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: JEFFREY DEVON MD  
Name (Printed or typed)

712 HAVANA DR 9980 CENTRAL PARK BLVD  
Address

BOCA RATON, FL 33487 BOCA RATON FL 33428  
City, State & Zip

561 998-5382  
Daytime Telephone number

Please mail cert. copy to:  
712 HAVANA DR.  
BOCA RATON, FL 33487

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

JUL 17 1998

98 JUL -9 AM 8:35  
RECEIVED  
TALLAHASSEE  
FLORIDA

FILED  
5073  
way - 5073  
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 10, 1998

JEFFREY DEVON M.D.  
712 HAVANA DRIVE  
BOCA RATON, FL 33487

SUBJECT: JEFFREY DEVON, M.D. P.a.  
Ref. Number: W98000015083

We have received your document for JEFFREY DEVON, M.D. P.a. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 698A00036854



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 10, 1998

JEFFREY DEVON M.D.  
712 HAVANA DRIVE  
BOCA RATON, FL 33487

SUBJECT: JEFFREY DEVON, M.D. P.C.  
Ref. Number: W98000015083

We have received your document for JEFFREY DEVON, M.D. P.C. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 698A00035743

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

JEFFREY DEVON, M.D., P.A.

### ARTICLE II PRINCIPAL OFFICE Nature of Business: Practice Medicine

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

9980 CENTRAL PARK BLVD., #318  
BOCA RATON, FL 33428

### ARTICLE III SHARES

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

20,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

712 HAVANA DR.  
BOCA RATON, FL 33487

Jeffrey Devon, M.D.

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jeffrey Devon, M.D.  
712 Havana Drive  
Boca Raton, FL 33487

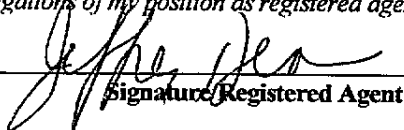
  
Signature/Incorporator

7/14/98

Date

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

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/Registered Agent

7/14/98

Date

FILED  
98 JUL 15 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA