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TRANSMITTAL LETTER

FILED

98 AUG 18 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Emerald Coast Physician's Group, P.A.
(Proposed corporate name - must include suffix)

000002618410--1
-08/18/98--01024--001
*****78.75 *****78.75

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:

Jo Golson

Name (Printed or typed)

514 Florida Avenue

Address

Hyatt Haven, Florida 32444

City, State & Zip

850-265-3686

Daytime Telephone number

P. Hall

AUG 18 1998

(2)

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

ARTICLES OF INCORPORATION

FILED

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

98 AUG 18 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Emerald Coast Physician's Group, P.A.

ARTICLE II PRINCIPAL OFFICE

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

514 Florida Avenue
Lynn Haven, Florida 32444

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jo C. Colson
514 Florida Ave.
Lynn Haven, Florida 32444

ARTICLE V INCORPORATOR

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

SAIF-UR Rahman, M.D. President
Emerald Coast Physician's Group, P.A.
514 Florida Avenue 32444

Signature/Incorporator

August 13, 1998

Date

ARTICLE VI PURPOSE

The specific purpose is the practice of medicine.

(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

August 13, 1998

Date