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TRANSMITTAL LETTER

P98000106995

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

500002720385--5
-12/23/98--01030--004
*****78.75 *****78.75

SUBJECT:

HOUSE PHYSICIAN, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

DEMONT SEAGRAVE
Name (Printed or typed)

13136 RIVERGATE CT
Address

JACKSONVILLE FL 32223
City, State & Zip

904 268 6386
Daytime Telephone number

98 DEC 23 PM 12:58
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

B. BROCK DEC 28 1998

ARTICLES OF INCORPORATION

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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:

HOUSE PHYSICIAN, INC.

ARTICLE II PRINCIPAL OFFICE

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

13136 RIVERGATE CT.
JACKSONVILLE, FLORIDA 32223

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DEMONT SEAGRAVE
13136 RIVERGATE CT
JACKSONVILLE, FL 32223

ARTICLE V INCORPORATOR

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

DEMONT SEAGRAVE
13136 RIVERGATE CT
JACKSONVILLE, FL 32223

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DIVISION OF CORPORATIONS

Dw Seagrave
Signature/Incorporator

12-21-98
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

Dw Seagrave
Signature/Registered Agent

12-21-98
Date