

P 99000027072

TRANSMITTAL LETTER

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

200002815862- -0
-03/23/99--01080 --013
*****87.50 *****87.50

SUBJECT: Adult Primary Care, P.A.
(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: Scott Kozak, MD
Name (Printed or typed)

4700 SW Archer Rd #49
Address

Gainesville, FL 32608
City, State & Zip

(352) 379-5811
Daytime Telephone number

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

FILED
99 MAR 18 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Adult Primary Care, P.A.

ARTICLE II PRINCIPAL OFFICE

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

1216 NW 22nd Ave
Gainesville, FL 32609

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Scott F. Kozak, MD
1216 NW 22nd Ave
Gainesville, FL 32609

ARTICLE V INCORPORATOR

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

Scott F. Kozak, MD
1216 NW 22nd Ave
Gainesville, FL 32609

Scott F. Kozak / Scott Kozak
Signature/Incorporator

3/22/99
Date

ARTICLE VI

PROFESSIONAL CORPORATION PURPOSE:

The practice of medicine.

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

Scott F. Kozak / Scott Kozak
Signature/Registered Agent

3/22/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 18 PM 2:46

FILED