

TRANSMITTAL LETTER

P99 000030377

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

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-03/29/99--01078--011
*****87.50 *****87.50

SUBJECT: Todd E. Christie D.M.D., 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: Todd E. Christie D.M.D.
Name (Printed or typed)

860 Oakwood Drive
Address

Melbourne FL 32940
City, State & Zip

407-453-0696
Daytime Telephone number

FILED
99 MAR 29 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dr. Christie GAVE
AUTHORIZATION BY PHONE TO
CORRECT remove effective date
DATE 4-2-99
DOC. EXAM BR

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

APR 2 1999

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:

Todd E. Christie D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

775 E. Merritt Island Causeway

Suite 220

Merritt Island FL 32952

ARTICLE III SHARES

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

1500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Todd E. Christie

860 Oakwood Dr.

Melbourne FL 32940

ARTICLE V INCORPORATOR

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

Todd E. Christie

860 Oakwood Dr.

Melbourne FL 32940

Todd E. Christie D.M.D.

Signature/Incorporator

4/1/99

Date

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

Professional corporation for sole purpose of providing dental services

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

Todd E. Christie D.M.D.

Signature/Registered Agent

4/1/99

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA