

P99000036930

Beth Summers

Cheryl Guilday

Requestor's Name

106 E. College #400

Address

Turk 32301 224 5091

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Clinical Neuroscience Solutions, P.A.

(Corporation Name)

(Document #)

400002848294 -- 7

-04/22/99--01100--020

*****87.50 *****87.50

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☒ Pick up time

Call when ready

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 APR 22 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 APR 22 PM 2:44
TALLAHASSEE, FLORIDA

Examiner's Initials

ajc 4/23

TRANSMITTAL LETTER

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

99 APR 22 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SUBJECT: CLINICAL NEUROSCIENCE SOLUTIONS, 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 A. WEST, M.D.
Name (Printed or typed)

77 West Underwood Street, Suite 301
Address

Orlando, Florida 32806
City, State & Zip

(407) 425 - 5100
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
CLINICAL NEUROSCIENCE SOLUTIONS, P.A.

* * * *

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99 APR 22 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, who is licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, hereby adopts and files the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation is Clinical Neuroscience Solutions, P.A.

ARTICLE II. PRINCIPAL OFFICE

The street address of the initial principal office of this corporation is 77 West Underwood Street, Suite 301, Orlando, Florida 32806.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any or all activity or business now or hereafter permitted under the Florida Professional Services Corporation Act for the rendering of professional medical services and related activities.

ARTICLE IV. DURATION

This corporation is to exist perpetually.

ARTICLE V. SHARES

This corporation is authorized to issue 100 shares of One Dollar (\$1.00) par value common stock.

**ARTICLE VI. INITIAL REGISTERED
OFFICE AND AGENT**


The street address of the initial registered office of this corporation is 77 West Underwood Street, Suite 301, Orlando, Florida 32806, and the name of the initial registered agent of this corporation at that address is Scott A. West, M.D.

ARTICLE VII. INCORPORATOR

The name and address of the incorporator signing these Articles is:

Scott A. West, M.D.
77 West Underwood Street, Suite 301
Orlando, Florida 32806

IN WITNESS WHEREOF, these Articles have been executed and subscribed to by the Incorporator signing below this 22 day of APRIL, 1999.

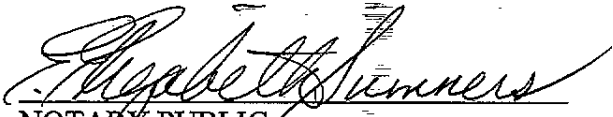


Scott A. West, M.D., Incorporator

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Scott A. West, M.D., to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to the same.

WITNESS my hand and official seal in the County and State named above this 22nd day of April, 1999.



NOTARY PUBLIC

Name: E. Elizabeth Sumners
My commission expires:



E. Elizabeth Sumners
MY COMMISSION # CC602901 EXPIRES
January 19, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 617.0501, Florida Statutes, the following is submitted:

FIRST -- That Clinical Neuroscience Solutions, P.A., desiring to organize and qualify under the laws of the State of Florida, with its principal place of business in Orlando, Orange County, Florida, has named Scott A. West, M.D., 77 West Underwood Street, Suite 301, Orlando, Florida 32806, as its agent to accept service of process within Florida.

Having been named 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, and I further agree to comply with the provisions of all statutes relative 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: 

Scott A. West, M.D.

Date: 4/22/99

99 APR 22 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED