

TRANSMITTAL LETTER

P99 0000 93446

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

200003021322--5
-10/21/99-01086--008
*****78.75 *****78.75

SUBJECT: EDITH Y. MENSA, 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: EDITH Y. MENSA, M.D., P.A.
Name (Printed or typed)

905 COPPERFIELD TERRACE
Address

CASSELBERRY, FLORIDA 32707
City, State & Zip

407-696-9023
Daytime Telephone number

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

S. Thompson OCT 25 1999

ARTICLES OF INCORPORATION OF P.A.

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:

Edith Y. Mensa, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

905 Copperfield Terrace
Casselberry, Florida 32707

ARTICLE III SHARES

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

One hundred (100) shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Edith Y. Mensa
905 Copperfield Terrace
Casselberry, Florida 32707

ARTICLE V PURPOSE

The purpose or purposes for which the corporation is organized are to form a professional association for Family Medicine Practice.

ARTICLE VI INCORPORATOR

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

Dr. Edith Y. Mensa
905 Copperfield Terrace
Casselberry, Florida 32707



Signature/Incorporator

Oct 19 1999

Date

Having been named as registered agent and to accept services 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

Oct 19 1999

Date

FILED
OCT 21 AM 8:38
TALLAHASSEE FLORIDA
SECRETARY OF STATE