

799000099906
TRANSMITTAL LETTER

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

100002990591--5
-09/20/99--01029--006
*****78.75 *****78.75

SUBJECT: Sabine Irene McReynolds, MD, PA
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sabine Irene McReynolds
Name (Printed or typed)

P.O. Box 1740
Address

Palatka, FL 32178
City, State & Zip

904-325-1936
Daytime Telephone number

EFFECTIVE DATE
9-13-99

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 20 PM 2:10

FILED

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

K. Rolfe NOV 15 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 23, 1999

SABINE IRENE MCREYNOLDS
P.O. BOX 1740
PALATKA, FL 32178

SUBJECT: SABINE IRENE MCREYNOLDS, MD, PA
Ref. Number: W99000021930

We have received your document for SABINE IRENE MCREYNOLDS, MD, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 699A00046560

ARTICLES OF INCORPORATION

OF

Sabine Irene McReynolds, MD, PA

The undersigned, acting as the incorporator of a corporation under the Florida Business Corporation Act adopts the following Article of Incorporations for such corporation:

ARTICLE I NAME

The name of the corporation is Sabine Irene McReynolds, MD, PA

ARTICLE II COMMENCEMENT AND DURATION OF CORPORATE EXISTENCE

Corporate existence shall commence on September 13, 1999 and shall exist perpetually thereafter until dissolved according to law.

ARTICLE III CAPITAL STOCK

This corporation shall have authority to issue one thousand (1,000) shares of capital stock with a par value of \$ 1.00 per share. The Shares of the corporation are not to be divided into classes.

ARTICLE IV PRINCIPAL OFFICE

The principal office and mailing address of the corporation is 101 Pioneer Road, PO Box 1740, Palatka, Fla. 32178,

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address in Florida of the corporation's initial registered office is 101 Pioneer Road, Palatka, Fla. 32178, and the initial registered agent at such address is Sabine Irene McReynolds.

FILED
99 SEP 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATORS

The name and address of the incorporators are as follows:

Sabine Irene McReynolds
504 River Street
Palatka, Fla. 32177

ARTICLE VII PURPOSE OF CORPORATION

The specific purpose of this Corporate is to provide Medical Services as a licensed Physician.

In witness whereof, the undersigned incorporators have executed these Articles of Incorporation at 332 St Johns Ave. Palatka, Fla. 32177 on the 5th day of October, 1999.

S.I. McReynolds
Sabine Irene McReynolds - Chairman

DESIGNATION OF REGISTERED AGENT ...

In compliance with Section 48.091 and 607.0501, Florida Statutes, the following is submitted:

That Sabine Irene McReynolds, MD, PA desiring to operate under the laws of the State of Florida, with its principal place of business in Palatka, Florida, has named Sabine Irene McReynolds located at 101 Pioneer Road, PO Box 1740, Palatka, Fla. 32178 as its agent to accept service of process within Florida.

Sabine Irene McReynolds, MD, PA

By:

S.I. McReynolds

Sabine Irene McReynolds
Incorporator

Dated : September 7, 1999

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of my duties. In addition, the undersigned hereby acknowledges that it is familiar with, and accepts, the obligation provided for in Section 607.0505, Florida statutes.

S.I. McReynolds

Sabine Irene McReynolds

Dated: September 7, 1999

FILED
99 SEP 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA