

S20408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

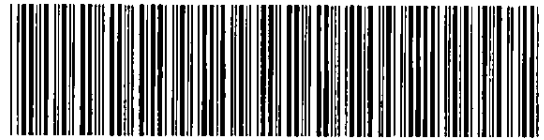
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

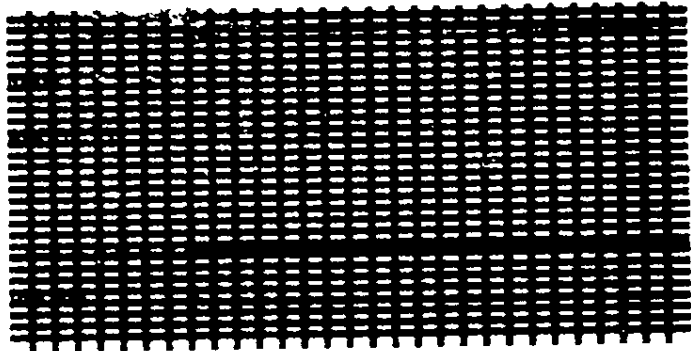
Office Use Only



200417270072

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32302 (904) 224-8870
 Mailing Address: P.O. Box 10149, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 224-1222



Service To Priority Priority

To us via

Return via

Job No.

Express Mail

State Fee \$

Our \$

ASAP!

211-1-91

1-1-91

mz
12-21-90

REQUEST TAKEN CONFIRMED APPROVED

DATE

TIME

BY

CK No.

VIA FAX

12/31/90

12/31/90

RE:

Christopher M. Barry
M.D., P.A.

C.C. FEE.

DISBURSED

☒ Capital Express

☒ Art. of Inc. File

☐ Corp. Record Search

☐ Ltd. Partnership File

☒ Foreign Corp. File

☐ () Cert. Copy(s)

☐ Art. of Amend. File

☐ Dissolution/Withdrawal

☐ C U S

☐ Good Standing Cert.

☐ Name Reservation

☐ Annual Report

☐ Reg. Mail Service

☐ Document Filing

☐ Corporate Kit

☐ Vehicle Search

☐ Driving Record

☐ Document Retrieval

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

☐ File No.'s. Copies

☐ Courier Service

☐ Postage/Shipping

☐ Phone ()

☐ Top Priority

☐ Express Mail Prep

SUBTOTALS

FEE

DISBURSED

SURCHARGE

TAX

PREPAID

BALANCE DUE

Please remit invoice number with payment
 TERMS: NET 30 DAYS FROM INVOICE DATE
 1.5% per month on Past Due Amounts
 Past 60 Days: 18% per Annum

THANK YOU
 from
 Your Capital Connection

520408

FILED

EFFECTIVE DATE
1-1-91

ARTICLES OF INCORPORATION
OF

90 DEC 21 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHRISTOPHER M. DAVEY, M.D., P.A.

I, the undersigned, make, subscribe, acknowledge, and file with the Secretary of State of the State of Florida these Articles of Incorporation for the purpose of forming a professional service corporation for profit in accordance with the laws of the State of Florida.

ARTICLE I

Name

The name of this corporation shall be:

CHRISTOPHER M. DAVEY, M.D., P.A.

ARTICLE II

Existence of Corporation

This corporation shall begin existence on January 1, 1990, and shall have perpetual existence.

ARTICLE III

Principal Office

The corporation's principal office shall be 2099 Ninth Street North, St. Petersburg, Florida 33704.

ARTICLE IV

Business, Objects or Purposes

The general nature of the business to be transacted by this corporation or the objects or purposes of the corporation shall be as follows:

(a) To engage solely and specifically in the business of carrying on the general practice of medicine.

(b) To invest in real estate, mortgages, stocks, bonds or any other type of investments.

(c) To own real and personal property necessary for the rendering of the above professional services.

(d) In general, to have and exercise all powers conferred by the laws of Florida upon professional service corporations, and to do any and all things hereinabove set forth to the same extent as a natural person might or could do.

ARTICLE V

Capital Stock

(a) The total number of shares of capital stock authorized to be issued by the corporation shall be 10,000 shares having a par value of \$1.00 per share. Each of the said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property or in labor or services at a fair valuation to

be fixed by the Board of Directors at a meeting called for such purpose. All stock when issued shall be paid for and shall be nonassessable.

(b) In the election of directors of this corporation there shall be no cumulative voting of the stock entitled to vote at such election.

ARTICLE VI

Registered Office and Registered Agent

The street address of the corporation's initial registered office is:

800 Second Avenue South
Suite 380
St. Petersburg, FL 33701

and the name of the corporation's initial registered agent at such address is:

WILLIAM B. MCQUEEN

The corporation may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 607.0502, Florida Statutes.

ARTICLE VII

Initial Board of Directors

The number of directors constituting the initial Board of Directors shall be one (1), and the name and address of person who is to serve as member thereof are as follows:

<u>Name</u>	<u>Address</u>
Christopher M. Davey, M.D.	2099 Ninth Street North St. Petersburg, FL 33704

ARTICLE VIII

Incorporator

The name and address of the incorporator of this corporation is as follows:

WILLIAM B. MCQUEEN
800 Second Avenue South
Suite 380
St. Petersburg, FL 33701

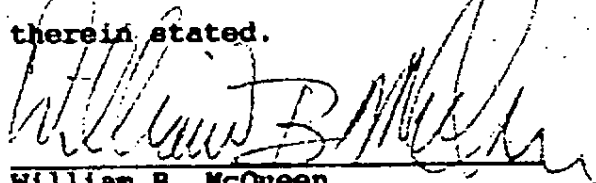
ARTICLE IX

Amendment of Articles of Incorporation

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are subject to this

reservation.

IN WITNESS WHEREOF, I, the undersigned, have executed these Articles for the uses and purposes therein stated.


William B. McQueen

Acceptance of Registered Agent

Having been named to accept service of process for the above-named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Section 607.0505, Florida Statutes.

DATED this 20th day of December, 1990.


William B. McQueen, Registered Agent

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, on this 20 day of December, 1990, personally appeared William B. McQueen, to me well known to be the person described in and who signed the foregoing Articles of Incorporation and Acceptance of Registered Agent, and

acknowledged to me that he executed the same freely and voluntarily
for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

Rebecca J. Dillakurst

Notary Public

My Commission Expires:

Notary Public, State of Florida
My Commission Expires March 26, 1992
Bonded Three Tray Fails - Insurance Inc.

✓ 6/3/92

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

Approved by

Name of Officer

Title of Officer

Date of Approval

1. Name and Mailing Address of Corporation DOCUMENT # S20408 (8)

CHRISTOPHER M. DAVEY, M.D., P.A.
2099 9TH ST N
SAINT PETERSBURG FL 33704-3201

DO NOT WRITE IN THIS SPACE

3. Date Incorporation of Corporation
01/01/1991

3a. Date of Last Report
06/30/1992

4. FEI Number
650232527

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$138.75 Supplemental
Fee Not Required

8. This corporation has elected to be treated as a
Florida Statutes ☒ Yes ☐ No

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address	2a. Principal Place of Business
21. Street, Apt. #, etc.	26. Street, Apt. #, etc.
22. City & State	27. City & State
23. Country	28. Country
24. Zip	29. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCQUEEN, WILLIAM B.
800 SECOND AVE SUITE 380
ST PETERSBURG FL 33701

81. Name	82. Street Address (P.O. Box Number is Not Applicable)	83. City	84. State	85. Zip Code	86. Country
			FL		

11. If the corporation has changed its name since the last report, the above named corporation submits this statement of change of name to the Department of State for filing and recording. Such change was authorized by the corporation's board of directors or other governing body and is in accordance with the provisions of Section 607.0905, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS CHANGE

13. OFFICERS AND DIRECTORS CHANGE

D MCQUEEN, WILLIAM B 800 SECOND AVE S #380 ST PETERSBURG FL	14. NAME 15. ADDRESS 16. CITY, ST, ZIP
P/D CHRISTOPHER M. DAVEY 2620 KEYSTONE CT. N. ST. PETERSBURG FL	17. NAME 18. ADDRESS 19. CITY, ST, ZIP
	20. NAME 21. ADDRESS 22. CITY, ST, ZIP
	23. NAME 24. ADDRESS 25. CITY, ST, ZIP
	26. NAME 27. ADDRESS 28. CITY, ST, ZIP
	29. NAME 30. ADDRESS 31. CITY, ST, ZIP
	32. NAME 33. ADDRESS 34. CITY, ST, ZIP
	35. NAME 36. ADDRESS 37. CITY, ST, ZIP
	38. NAME 39. ADDRESS 40. CITY, ST, ZIP
	41. NAME 42. ADDRESS 43. CITY, ST, ZIP
	44. NAME 45. ADDRESS 46. CITY, ST, ZIP
	47. NAME 48. ADDRESS 49. CITY, ST, ZIP
	50. NAME 51. ADDRESS 52. CITY, ST, ZIP

SIGNATURE

C. M. DAVEY

SECRETARY

4/14/93

APPROVED
AND
FILED

SECRET
56 APR 12 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN DEPARTMENT OF STATE
JAN 20 1957
DEPARTMENT OF STATE
DIVISION OF COOPERATION

DOCUMENT #
S20408 (8)

2099 NINTH ST N
ST PETERSBURG FL 33704

Principal Place of Business
2000 NORTH ST N
ST PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 01/01/1991	3a. Date of Last Filing 04/19/1993
---	---------------------------------------

2. Mailing Address		2a. Principal Place of Business		4. FEI Number 65-0232527		Applied For	
21. City, Apt. #, etc.		2b. City, Apt. #, etc.		5. Certificate of Status Granted \$8.75		6. Election Campaign Financing Trust Fund Contributor	
22. City & State		27. City & State		7. Nonprofit Exempt from \$128.75 Supplemental Fee		\$5.00 May Be Added to Fees	
23. Country		28. Country		8. This corporation has ability for integrated tax under S. 199 CJ. Ronda Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent.

10. Name and Address of New Registered Agent

MCQUEEN, WILLIAM B.
800 SECOND AVE SUITE 380
ST PETERSBURG FL 33701

81	Name
82	Street Address (If O. Box Number is Not Applicable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 or Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation certifies that statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, the approval of all registered owners, I am familiar with, and accept the obligations of, Section 607.0605 or 617.0605, Florida Statutes.

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DSE

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

12.	OFFICERS AND DIRECTORS	13.	CHANGES TO OFFICERS AND DIRECTORS N 12
NAME	D	11 TITLE	
RELATIONSHIP	MCQUEEN, WILLIAM B	12 NAME	
STREET ADDRESS	800 SECOND AVE S #380	13 STREET ADDRESS	
CITY, STATE, ZIP	ST PETERSBURG FL	14 CITY, STATE, ZIP	
NAME	P/D	21 TITLE	
RELATIONSHIP	CHRISTOPHER M. DAVEY	22 NAME	
STREET ADDRESS	2620 KEYSTONE CT. N.	23 STREET ADDRESS	
CITY, STATE, ZIP	ST. PETERSBURG FL	24 CITY, STATE, ZIP	
NAME		31 TITLE	
RELATIONSHIP		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, STATE, ZIP		34 CITY, STATE, ZIP	
NAME		41 TITLE	
RELATIONSHIP		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, STATE, ZIP		44 CITY, STATE, ZIP	
NAME		51 TITLE	
RELATIONSHIP		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, STATE, ZIP		54 CITY, STATE, ZIP	
NAME		61 TITLE	
RELATIONSHIP		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, STATE, ZIP		64 CITY, STATE, ZIP	

14. I certify that the information furnished with this form is voluntary, furnished to you and does not constitute the collection of information for purposes of the provisions of Section 552 of the Title 5, United States Code. I also certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

SIGNATURE:

MONASTERY AND LITURGICAL CENTER, SANCTUARY OF THE HOLY SPIRIT, 1954-55

✓ 4/4/94 ✓ (813) 898.1234

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
JENNIFER L. MATHIAS
TREASURER
1000 N. GULF BLVD., SUITE 1000
TALLAHASSEE, FL 32304

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
95 APR 12 PM 10:03

DOCUMENT # S20408 (8)

CHRISTOPHER M. DAVEY, M.D., P.A.

2099 N 17TH ST N
ST PETERSBURG FL 33704

2099 N 17TH ST N
ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1991		3a. Date of Last Report 04/12/1994	
4. FEI Number 65-0232527		Assigned For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 103.015, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent MCQUEEN, WILLIAM B. 800 SECOND AVE SUITE 380 ST PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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I, the undersigned, in the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
NOTE: Registered Agent signature required with amendments.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME D MCQUEEN, WILLIAM B 800 SECOND AVE S #380 ST PETERSBURG FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
2. NAME PD CHRISTOPHER M. DAVEY 2820 KEYSTONE CT. N. ST. PETERSBURG FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information reflected on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that I am not a Black 12 or Black 13 if changed, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Christopher M. Davey, M.D., P.A.

4/6/95

(813) 898-3875