

1/28/2021

PA1 000000 6348
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000038662 3))



H210000386623ABC

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 JAN 28 PM 10:45

FLORIDA PROFIT/NON PROFIT CORPORATION
GULFVIEW VISION ASSOCIATES, P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Gulfview Vision Associates, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Carla Bourne, M.D.

Name (Printed or typed)

602 Sunset Point Court

Address

Lutz, Florida 33549

City, State & Zip

202-415-4636

Daytime Telephone number

cbournemd@gmail.com

E-mail address: (to be used for future annual report notification)

2021 JUN 28 AM 10:49

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Gulfview Vision Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

| | |
|--------------------------------------|-----------------------------------|
| Principal <u>street</u> address | Mailing address, if different is: |
| <u>25605 Sierra Center Boulevard</u> | _____ |
| <u>Lutz, Florida 33559</u> | _____ |
| _____ | _____ |

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ophthalmology Practice

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>Carla Bourne, MD., President</u> | Name and Title: _____ |
| Address: <u>602 Sunset Point Ct</u> | Address: _____ |
| <u>Lutz, Florida 33549</u> | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

2021 APR 28 11:10 AM

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
 Address: 1201 Hays Street
 Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carla Bourne, M.D.
 Address: 602 Sunset Point Ct
 Lutz, Florida 33549

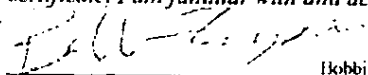
2021 JAN 28 11:16 AM

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Hobbi Zupxon, Assistant Vice President
 Required Signature/Registered Agent _____ Date 01/22/2021

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature/Incorporator _____ Date 1/27/21