

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 1/2

	CERTIFIED COPY	_____	2002
XX	PHOTOCOPY	_____	
	CUS	_____	
XX	FILING	<u>PC</u>	7

1. TURNWELL MENTAL HEALTH OF WEST FLORIDA PC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: Turnwell Mental Health of West Florida PA
(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: Kimberly Beard, Paralegal
Name (Printed or typed)
Venable LLP, 750 East Pratt Street, Suite 900
Address
Baltimore, Maryland 21202
City, State & Zip
410-244-7668
Daytime Telephone number
stwarog@leonhealthcarepartners.com
E-mail address: (to be used for future annual report notification)

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: Turnwell Mental Health of West Florida PA

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
1001 S. MacDill Avenue, Suite 400
Tampa, Florida 33629

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical/Psychiatric Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: W. Nate Upshaw MD. President & Director Name and Title: _____

Address 1001 S. MacDill Avenue, Suite 400 Address: _____
Tampa, Florida 33629 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Registered Agent Solutions, Inc.

Address: 2894 Remington Green Lane, STE A

Tallahassee, Florida 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: W. Nate Upshaw, MD

Address: 1001 S. MacDill Avenue, Suite 400

Tampa, Florida 33629

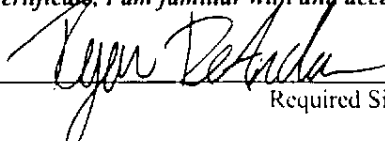
ARTICLE VIII EFFECTIVE DATE:

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

 Ryan DeAnda, Asst. Sec.
Required Signature/Registered Agent

1/7/2025
Date

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.

W. Nate Upshaw, MD
Required Signature/Incorporator

12/28/2024
Date