

P22000041544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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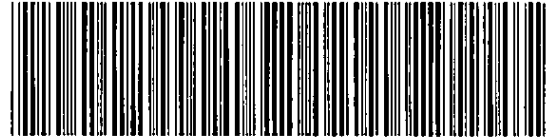
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 05/26/2022

Acc#120160000072

en: L SW

| | |
|-------------|-------------------------------|
| Name: | Private Medical Florida, P.A. |
| Document #: | |
| Order #: | 14351087 |

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|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
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| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 78.75



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: Private Medical Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

3580 California Street, Suite 101

N/A

San Francisco, CA 94118

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is formed for the purpose of engaging in the practice of medicine and in any other lawful act or activity for which professional service corporations may be organized under the Florida statutes.

ARTICLE IV SHARES

The number of shares of stock is: one hundred (100) shares of common stock, no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jordan Shlain, M.D., President

Name and Title: _____

Address 10 Norwood Ave.

Address: _____

Ross, CA 94957

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: CT Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Jordan Shlain, M.D., Owner

Address: 10 Norwood Ave.

Ross, CA 94957

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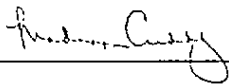
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

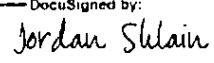
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 Madonna Cuddihy, Assistant Secretary 05/26/2022
Required Signature/Registered Agent 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.

 5/26/2022
Required Signature/Incorporator Date