

P23000019860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

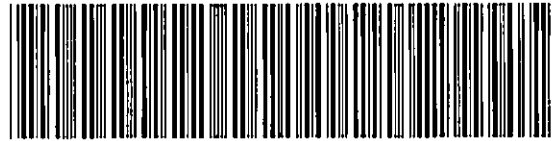
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100-210-2023

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SECRETARY OF DEFENSE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ORANGE COUNTY MEDICAL CENTER P.A.

Please Debit I20000000257 For: 87.50

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

121 Parker Printing - Tallahassee, FL 32301

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☒ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
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☐ UCC 1 or 3 File _____
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☐ UCC 11 Retrieval _____
☐ Courier _____

COVER LETTER

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

SUBJECT: ORANGE COUNTY MEDICAL CENTER 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☐ \$78.75 ☒ ~~\$87.50~~

Filing Fee
& Certified Copy Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DR. PETER REITER D.C.
Name (Printed or typed)

6965 PIAZZA GRANDE AVE. SUITE 207
Address

ORLANDO, FL 32835
City, State & Zip

954 587-8700
Daytime Telephone number

DRREITER@YANDEX.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: ORANGE County Medical Center P.A.

ARTICLE II PRINCIPAL OFFICE

10965 PIAZZA GRAND AVE. SUITE 207
ORLANDO, FL 32835

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE SPECIFIC NATURE OF THIS BUSINESS IS TO TREAT
PATIENTS AND RESTORE OPTIMAL HEALTH.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. PETER REITER D.C. Name and Title: _____

Address: CEO Address: _____
10965 PIAZZA GRAND AVE. SUITE 207
ORLANDO, FL 32835

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
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: DR. PETER REITER D.C.

Address: 6965 PIAZZA GRAND AVE. SUITE 207
ORLANDO, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. PETER REITER D.C.

Address: 6965 PIAZZA GRAND AVE. SUITE 207
ORLANDO, FL 32835

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TALLAHASSEE, FL

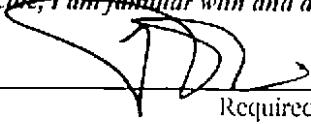
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/1/2023. (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


Required Signature/Registered Agent

3/15/2023
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.


Required Signature/Incorporator

Date 3/15/2023