

To: P... 14  
Division of Corporations

2019-10-03 14:34:04 CST

19542080845 From: Ranae McGraw

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To: Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000030023  
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Fax Number : (954) 208-0845

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Genesis Care Provider Group, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 OCT -3 PM 4:33

2019 OCT -3 AM 9:48  
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OCT 04 2019

T. SCOTT

**ARTICLES OF INCORPORATION  
OF  
GENESIS CARE PROVIDER GROUP, P.A.**

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

**ARTICLE I**

**Name**

The name of the corporation is Genesis Care Provider Group, P.A. (the "Corporation").

**ARTICLE II**

**Principal Office and Mailing Address**

The Corporation's mailing address and principal place of business is:

1860 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

**ARTICLE III**

**Nature of Business**

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

**ARTICLE IV**

**Capital Stock**

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

**ARTICLE V**

**Initial Registered Agent and Office**

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of the Corporation's initial registered agent at that address is C T Corporation System.

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**ARTICLE VI**  
**Incorporator**

The name and address of the incorporator is:

Name

John M. Sortino, M.D.

Address

1860 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

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

Dated this 1 day of October, 2019.

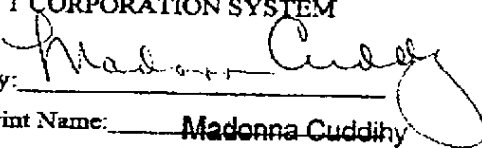
  
\_\_\_\_\_  
John M. Sortino, M.D.  
Incorporator

**ACCEPTANCE BY REGISTERED AGENT**

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

Dated this 3<sup>rd</sup> day of October, 2019.

C T CORPORATION SYSTEM

By:   
\_\_\_\_\_  
Print Name: Madonna Cuddihy  
Title: Assistant Secretary