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TRANSMITTAL LETTER

FILED
00 AUG 16 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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*****87.50 *****87.50

SUBJECT: NeuroCare Specialist, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Sonia C. Nunez, MD
Name (Printed or typed)

3370 Burns Road Suite 200
Address

Palm Beach Gardens, FL 33410
City, State & Zip

561-624-0702
Daytime Telephone number

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:

NeuroCare Specialist, Inc.
NeuroCare Specialist

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3370 Burns Road Suite 200 P.B.G., FL 33410
P.O. Box 33225 Palm Beach Gardens, FL 33420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical practice of neurology and Electro-
diagnostic Medicine

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Sonia C. Nunez, MD
8804 CITATION Dr
PALM BEACH GARDENS, FL 33418

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SONIA C. Nunez, MD
3370 Burns Road Suite 200
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sonia C. Nunez
8804 CITATION Dr
PALM BEACH GARDENS, FL 33418

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

Signature/Registered Agent

8/15/00
Date

Signature/Incorporator

8/15/00
Date