

P030000 795/17

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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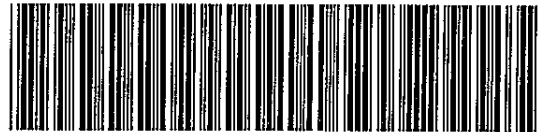
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUL 17 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

TRANSMITTAL LETTER

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

SUBJECT: COMPREHENSIVE PRACTICE SYSTEMS INC
(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: SCOTT SEGAL
Name (Printed or typed)
1628 DIPLOMATE DRIVE
Address
NO MIAMI BEACH FL 33179
City, State & Zip
305- 525- 7676
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

COMPREHENSIVE PRACTICE SYSTEMS INC

03 JUL 17 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7481 W OAKLAND PARK BLVD
LAUDERHILL FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGE MEDICAL PRACTICE(S)

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SCOTT SEGAL, PRESIDENT
1628 DIPLOMATE DRIVE
NO MIAMI BEACH, FL 33179

ARTICLE VI REGISTERED AGENT

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

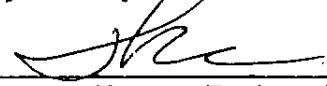
THOMAS M. O'DOURKE CPA
7481 W OAKLAND PARK BLVD
LAUDERHILL FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCOTT SEGAL
1628 DIPLOMATE DRIVE
NO MIAMI BEACH, FL 33179

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

 C.P.A.

Signature/Registered Agent

7/2/03

Date



Signature/Incorporator

7/2/03

Date