P03000079517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800021446678

07/17/03--01053--007 **78.75

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

ARTICLE I NAME

The name of the corporation shall be:

COMPREHENSIVE PRACTICE SYSTEMS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7481 W OAKLAND PARK BLVD
LAUDERHELL 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'ROURKE 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