

P 13000044522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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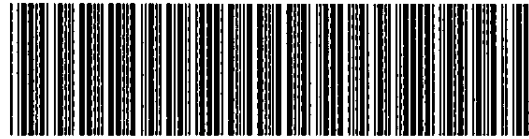
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 20 PM 2:22

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COVER LETTER

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

SUBJECT: CONCIERGE NEUROLOGY OF FLORIDA 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:

WENDY S. BOND  
Name (Printed or typed)

2831 SW 46<sup>TH</sup> TERRACE  
Address

CAPE CORAL, FLORIDA 33914  
City, State & Zip

239-989-3215  
Daytime Telephone number

DRWENDY@CONCIERGE NEUROLOGY FL. COM  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: CONCIERGE NEUROLOGY OF FLORIDA INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 2831 SW 46TH TERRACE  
CAPE CORAL  
FLORIDA 33914

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PERFORM MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 5000 SHARES - NO PAR COMMON

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: WENDY G. BOND M.D. (P) Name and Title: \_\_\_\_\_  
Address: 2831 SW 46TH TERRACE Address: \_\_\_\_\_  
CAPE CORAL  
FLORIDA 33914

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: WENDY G. BOND  
Address: 2831 SW 46TH TERRACE  
CAPE CORAL, FL. 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WENDY G. BOND  
Address: 2831 SW 46TH TERRACE  
CAPE CORAL, FL. 33914

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

Wendy Bond

Required Signature/Registered Agent

5/17/13

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.

Wendy Bond

Required Signature/Incorporator

5/17/13

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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