

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HEAD AND NECK TREATMENT CENTER OF MIAMI, INC.

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

Electronic Filing Menu

Corporate Filing Menu

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14 MAY 21 AM 9:49

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3

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: HEAD AND NECK TREATMENT CENTER OF MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 757 Arthur Godfrey Road
Miami Beach, FL 33140
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Treatments of head and neck disease and any other legal purpose.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Hamid Nassery, DMD FICOI FAGD, P/T/S</u>	Name and Title:	<u>Nikola Boskovski, MD PhD, VP/Medical Dir.</u>
Address:	<u>757 Arthur Godfrey Road</u> <u>Miami Beach, FL 33140</u>	Address:	<u>757 Arthur Godfrey Road</u> <u>Miami Beach, FL 33140</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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CLERK OF COURT
DIVISION OF REGISTRATION

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(cont.)

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: Hamid Nassery, DMD FICOFAGD
Address: 757 Arthur Godfrey Road
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hamid Nassery, DMD FICOFAGD
Address: 757 Arthur Godfrey Road
Miami Beach, FL 33140

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

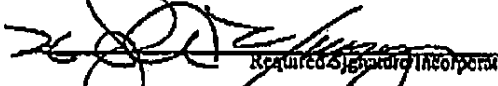


Required Signature/Registered Agent

5/19/14

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 §817.155, F.S.



Required Signature/Incorporator

5/19/14

Date