

Jan. 13. 2016

P16000003508

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000009703 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FLORIDA HEALTHLAW CENTER
Account Number : I20080000076
Phone : (954) 358-0155
Fax Number : (954) 358-1611

16 JAN 13 PM 2:10

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: msamedibiot@chrx.com

FLORIDA PROFIT/NON PROFIT CORPORATION

National Healthcare Networks, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

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No. 0405 P. 12

H16000009703 3

COVER LETTER

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

SUBJECT: National Healthcare Networks, P.A.

(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: Lori C. Desnick

Name (Printed or typed)

10200 West State Road 84, Suite 106

Address

Davie, Florida 33324

City, State & Zip

954-358-0155

Daytime Telephone number

ms@medibiotechrx.com

E-mail address: (to be used for future annual report notification)

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

Jan. 13. 2016 3 4:11PM

1/13/2018 3:53:18 PM PAGE

1/001

Fax No. 0405 P. 5

H 160000097033



January 13, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

E-FILE, FLORIDA HEALTHLAW CENTER

SUBJECT: NATIONAL HEALTHCARE NETWORKS, P.A.
REF: W16000002108

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000009703
Letter Number: 016A00000886

Jan. 13. 2016 4:10PM

No. 0405 P. 3

H160 00009703 3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME National Healthcare Networks, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
701 Park of Commerce Boulevard

Mailing address, if different is:
Same as principal address.

3rd Floor

Boca Raton, Florida 33487

ARTICLE III PURPOSE to engage in the profession of medicine and any other lawful activities
The purpose for which the corporation is organized is: _____
not prohibited to a corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES 1000 authorized par value .01 per share
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Wolff, M.D. - Director

Name and Title: Richard Wolff, M.D., P., Sec. & Treas.

Address 701 Park of Commerce Boulevard

Address: 701 Park of Commerce Boulevard

3rd Floor

3rd Floor

Boca Raton, Florida 33487

Boca Raton, Florida 33487

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
16 JAN 13 PM 2:10

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: Florida Health Law Center, P.L.
 Address: 10200 W. State Road 84, Suite 106
Davie, Florida 33324

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lori C. Desnick
 Address: 10200 W. State Road 84, Suite 106
Davie, Florida 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Lori C. Desnick

Required Signature/Registered Agent

1-12-2016

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.817.153, F.S.

Lori C. Desnick

Required Signature/Incorporator

1-12-2016

Date