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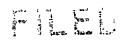
COVER LETTER

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

SUBJECT:	FCARE, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation an	d a check for:
■ \$70.00 Filing Fee	•	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		ADDITIONAL CO	OF I REQUIRED
	V.		
Dr.	Scott Friedberg		
FROM:	Nam	e (Printed or typed)	
821	8 Emerald Winds Circle		
_	·····	Address	
Boy	nton Beach, Florida 33473		
	City	, State & Zip	
954	-801-8144		
	Daytime 1	Telephone number	······································
sco	ttfriedberg@gmail.com		
	E-mail address: (to be use	ed for future annual report	notification)

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)



ARTICLE I NAME	sion shall be: SLFCARE, P.A.	16 JAN -7 PM 3: 1:
The name of the corporat	tion shall be:	
ARTICLE II PRINC 8218 EMERALD WINI	Principal street address	SECRETARY OF STAT TALLAHASSEE FLORIS Mailing address, if different is:
BOYNTON BEACH F	LURIDA 334/3	
ARTICLE III PURPO	SE to render more corporation is organized is:	nedical care to patients in an outpatient facility
and not in the medical	office of a Doctor.	
		
ARTICLE IV SHARI	78	
The number of shares of	100 stock is:	
ADDICE OF THE VARIOUS		
	L OFFICERS AND/OR DIRECTORS Dr. Scott Friedberg, Pres.	
Name and Title		Name and Title:
Address	8218 EMERALD WINDS CIRCLE	Address:
	BOYNTON BEACH FLORIDA 33473	
Name and Title:		Name and Title:
Address	·	Address:
Name and Title:		Name and Title:
Address		Address:
		
		_

Name a	nd Title:	Name and Title:
Addres	os	Address:
	REGISTERED AGENT	of the registered agent is:
Name:	Florida street address (P.O. Box NOT acceptable) of Dr. Scott Friedberg	on the registered agent is.
Address:	8218 EMERALD WINDS CIRCLE	
	BOYNTON BEACH FLORIDA 33473	TAI SE
ARTICLE YII	<u>INCORPORATOR</u>	JAN-7 PH
The name and s	address of the Incorporator is:	SET
Name:	Dr. Scott Friedberg, Pres.	- Essay
Address:	8218 EMERALD WINDS CIRCLE	FLORIE -
	BOYNTON BEACH FLORIDA 33473	-
Effective date, i (If an effective days after the Note: If the da	filing.)	. (OPTIONAL) not be more than five business days prior or 90 business e statutory filing requirements, this date will not be listed as
this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as re	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
1/1	Required Signature/Registered Agent	
I submit this de	ocument and affirm that the facts stated herein ar e Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a
	A Superior of Dance Committees a wind degree few	101/02/2016
Red	mired Signature/Incorporator	Date