

P16000005178

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

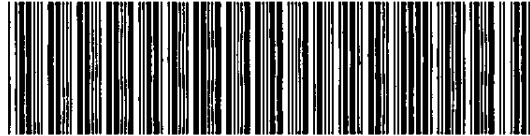
(Business Entity Name)

(Document Number)

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

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16 JAN -7 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan JAN 20 2016

## COVER LETTER

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

**SUBJECT:** SLFCARE, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Dr. Scott Friedberg  
Name (Printed or typed)

8218 Emerald Winds Circle  
Address

Boynton Beach, Florida 33473  
City, State & Zip

954-801-8144  
Daytime Telephone number

scottfriedberg@gmail.com  
E-mail address: (to be used 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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: SLFCARE, P.A.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8218 EMERALD WINDS CIRCLE

BOYNTON BEACH FLORIDA 33473

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to render medical care to patients in an outpatient facility  
and not in the medical office of a Doctor.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Dr. Scott Friedberg, Pres.

Address: 8218 EMERALD WINDS CIRCLE  
BOYNTON BEACH FLORIDA 33473

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: Dr. Scott Friedberg  
Address: 8218 EMERALD WINDS CIRCLE  
BOYNTON BEACH FLORIDA 33473

Name: Dr. Scott Friedberg, Pres.

Address: 8218 EMERALD WINDS CIRCLE  
BOYNTON BEACH FLORIDA 33473

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TALLAHASSEE FLORIDA

Required Signature/Incorporator

✓ 01/02/2010  
Date