

P16000008132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

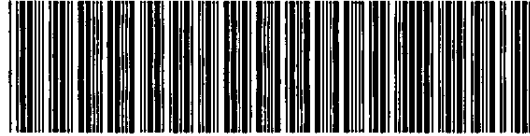
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-28-16
7

COVER LETTER

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

SUBJECT: BPetrikovsky, MD, PhD, PA
(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: Boris Petrikovsky, MD, PhD
Name (Printed or typed)
17070 Collins Avenue, Suite 405
Address
Sunny Isles Beach, FL. 33160
City, State & Zip
305-632-5838 (registered agent)
Daytime Telephone number
vladrosenthal@bellsouth.net
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)

ARTICLE I NAME

The name of the corporation shall be: BPetrikovsky, MD, PhD, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17070 Collins Avenue, Suite 405

Sunny Isles Beach, Fl. 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide medical services to the public

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Boris Petrikovsky MD, PhD, PA Name and Title: _____

Address: President Address: _____

17070 Collins Avenue, Suite 405

Sunny Isles Beach, Fl. 33160

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Miami-Dade Holdings Corporation
 Address: 3250 South Dixie Hwy.,
Miami, Fl. 33133

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Boris Petrikovsky, MD
 Address: 17070 Collins Avenue, Suite 405
SunnyIsles Beach, Fl. 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2016 (OPTIONAL)

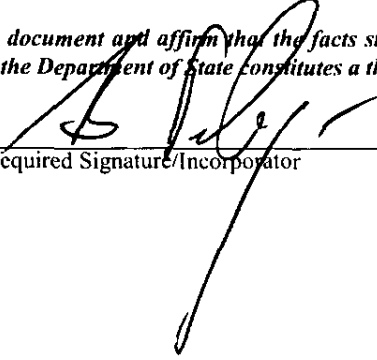
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 12/18/2015
 Required Signature/Registered Agent 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.

 1. 12. 16.
 Required Signature/Incorporator Date