

P16000018852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

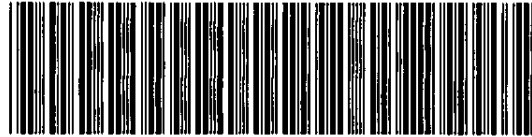
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

16 FEB 26 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

~~6166-7082~~

1/14

COVER LETTER

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

SUBJECT: South Florida Disc and Nerve Center, Inc.

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jacqueline Bain

Name (Printed or typed)

909 SE 5th Ave Suite 200

Address

Delray Beach, FL 33483

City, State & Zip

561-455-7700

Daytime Telephone number

jackie@floridahealthcarelawfirm.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2016

JACQUELINE BAIN
909 SE 5TH AVE SUITE 200
DELRAY BEACH, FL 33483

SUBJECT: SOUTH FLORIDA DISC AND NERVE CENTER, INC.
Ref. Number: W16000007082

We have received your document for SOUTH FLORIDA DISC AND NERVE CENTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00002156

ARTICLES OF INCORPORATION

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: South Florida Disc and Nerve Center, Inc.

16 FEB 26 AM 7:11

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address

10131 Forest Hill Blvd. Suite 230

same

Wellington, FL 33414-6109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HARVEY MONTIJO, MD, Director

Name and Title: _____

Address

Address: _____

10131 Forest Hill Blvd. Suite 230

Wellington, FL 33414-6109

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: 16 FEB 26 AM 7: 12
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Florida Healthcare Law Firm
Address: 909 SE 5th Avenue Suite 200
Delray Beach, FL 33483

ARTICLE VII INCORPORATOR

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

Name: Jeffrey Cohen
Address: 909 SE 5th Avenue Suite 200
Delray Beach, FL 33483

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

Required Signature/Registered Agent 1/20/15
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.

Required Signature/Incorporator 1/20/15
Date