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Florida Department of State
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From: Account Name : GFI FINANCIAL GROUP
 Account Number : 119980000102
 Phone : (954)428-8829
 Fax Number : (954)428-6699

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
 THE SPORTS ER & URGENT CARE CENTER, INC.

Certificate of Status	0
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Corporate Filing Menu

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T. SCOTT

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001	97B	850-617-6381	09:48:17 a.m. 10-09-2017	00:00:37	3/3	1	EC	HS	CP26400

Abbreviations:

HS: Host send
 HR: Host receive
 WS: Waiting send

PL: Polled local
 PR: Polled remote
 MS: Mailbox save

MP: Mailbox print
 RP: Report
 FF: Fax Forward

CP: Completed
 FA: Fall
 TU: Terminated by user

TS: Terminated by system
 G3: Group 3
 EC: Error Correct

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17 OCT 12 AM 9:49

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

OCT 13 AM 9:16



October 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GM FINANCIAL GROUP

SUBJECT: THE SPORTS ER & URGENT CARE CENTER, INC.
REF: W17000080233

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H17000265015
Letter Number: 617A00020386

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: THE SPORTS ER & URGENT CARE CENTER, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1499 W PALMETTO PARK RD #130

Mailing address, if different is:

BOCA RATON, FL 33486**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ORTHOPEDIC & REGULAR URGENT CARE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HILLEL Z. HARRIS M.D., PRES.

Name and Title: _____

Address 1499 W PALMETTO PARK RD #130

Address: _____

BOCA RATON, FL 33486

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 OCT 12 AM 9:16
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NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA-2017-10-11
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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: HILLEL Z. HARRIS, M.D.
Address: 1499 W PALMETTO PARK RD #130
BOCA RATON, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HILLEL Z. HARRIS, M.D.
Address: 1499 W PALMETTO PARK RD #130
BOCA RATON, FL 33486

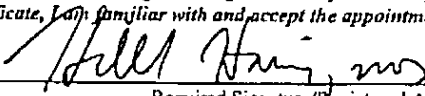
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

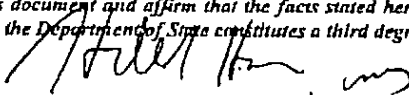
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/6/17
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

10/6/17
Date