

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

South Florida Men's Health, PA

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|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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TALLAHASSEE, FLORIDA

N. SAMS

FEB 28 2018

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: South Florida Men's Health, PA**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1398 SW 160th AveSuite 502Sunrise, Florida 33326

Mailing address, if different is:

1398 SW 160th AveSuite 502Sunrise, Florida 33326**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Health Care Services to be Rendered by third party (Independent Contractor)Physicians hired by South Florida Men's Health, PA to service patients' medical needs.**ARTICLE IV SHARES**The number of shares of stock is: 1000 Common Stock at \$0.10 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael Kauf D, PAddress: 1398 SW 160th AveSuite 502Sunrise, Florida 33326Name and Title: Steven Goodman S, T, DAddress: 1398 SW 160th AveSuite 502Sunrise, Florida 33326

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: THE LAW OFFICES OF NICK SPRADLIN, PLLC
 Address: 2202 N. WEST SHORE BLVD, STE 200
 TAMPA, FLORIDA 33607

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN, ESQ.
 Address: 2202 N. WEST SHORE BLVD, STE 200
 TAMPA, FLORIDA 33607

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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

02/27/2018

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.817.135, F.S.

 Required Signature/Incorporator

02/27/2018

Date

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