

PR000038968

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
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RECEIVED
2018 MAY - 1 AM 9:55
CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Primary Care Specialist of South Florida PA

Certificate of Status	0
Certified Copy	0
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2018 MAY - 1 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
MAY 02 2018



May 1, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: PRIMARY CARE SPECIALIST OF SOUTH FLORIDA PA
REF: W18000040437

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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H18000135654
Letter Number: 418A00008877

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: Primary Care Specialist of South Florida PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20200 W Dixie Highway Suite 1108

500 E Las Olas Blvd

Aventura, FL 33180

Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practicing Medicine

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarynet Beltran - Director

Name and Title: _____

Address 500 E Las Olas Blvd

Address: _____

Fort Lauderdale, FL 33301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jarynet Beltran, _____
Address: 500 E Las Olas Blvd _____
Fort Lauderdale, FL 33301 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Maisonavc _____
Address: 16 Court St _____
Brooklyn, NY 11241 _____

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

Jarynet Beltran
Required Signature/Registered Agent

04/29/2018
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.817.155, F.S.

Ana Maisonavc
Required Signature/Incorporator

04/29/2018
Date