

# P18000070644

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Account Name : GM FINANCIAL GROUP  
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Phone : (954)428-8899  
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Email Address:

~~MDHealthcare@gmail.com~~  
Hillel.harris.md@gmail.com

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FLORIDA  
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

~~MD HEALTH, PA~~ PRIMARY MD CARE, INC.

Certificate of Status	0
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August 9, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GM FINANCIAL GROUP

SUBJECT: MD HEALTH, PA  
REF: W18000072287

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Matthew T Moon  
Regulatory Specialist III  
New Filing Section

FAX Aud. #: H18000231624  
Letter Number: 818A00016432

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 MD CARE, INC.

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
15340 JOG ROAD  
SUITE #202  
DELRAY BEACH, FL 33446

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is:  
PHYSICIAN'S OFFICE AND RELATED ACTIVITIES

ARTICLE IV SHARES 1000  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	HILLEL Z. HARRIS M.D., PRES	Name and Title:	
Address	15340 JOG ROAD	Address:	
	SUITE #202		
	DELRAY BEACH, FL 33446		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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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: 15340 JOG ROAD SUITE #202  
DELRAY BEACH, FL 33446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HILLEL Z. HARRIS M.D.  
Address: 15340 JOG ROAD SUITE #202  
DELRAY BEACH, FL 33446

**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*

Hillel Harris, MD  
Required Signature/Registered Agent

8/13/18  
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.*

Hillel Harris, MD  
Required Signature/Incorporator

8/13/18  
Date

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