

P19000008902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

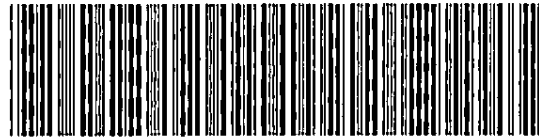
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FEB 01 2019

K Brumley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/29/2019

PRIORITY Routine

OUR REF # (Order ID#) 718011

ORDER ENTITY

ANR MEDICAL SERVICES P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

ANR MEDICAL SERVICES P.A. (FL)

New corp filing

NOTES:

\$70.00 Authorized - Please honor original submission date as file date.
Email address for annual report reminders: Corinne@corp-smart.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: ANR Medical Services P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Mr. Neal Friedman

961 Broadway

Woodmere, New York 11598

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in the profession of medicine

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neal Friedman, CEO & President

Name and Title: _____

Address 961 Broadway

Address: _____

Woodmere, New York 11598

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NRAI, SERVICES, INC.
Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Murray Friedman
Address: c/o Garvey Schubert Barer (M. Heller)
100 Wall St, 20th Fl, New York, NY 10005

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

Courne D. Thomas Ost See 1/28/19
Required Signature/Registered Agent 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.

[Signature] 1/28/19
Required Signature/Incorporator Date