Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000126532 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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

Boulder Care Provider Group, P.A.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu Corporate Filing Menu

Help

EDG 8 1 SGA

# ARTICLES OF INCORPORATION OF BOULDER CARE PROVIDER GROUP, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

## ARTICLE I Name

The name of the corporation is Boulder Care Provider Group, P.A. (the "Corporation").

## ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

223 Bedford Avenue #1167 Brooklyn, NY 11211

#### ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the profession of medicine through its duly licensed officers, employees and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

### ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

### ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of the Corporation's initial registered agent at that address is C T Corporation System.

#### ARTICLE VI Incorporator

The name and address of the incorporator is:

<u>Name</u>

Address

Amanda Wilson, M.D.

223 Bedford Avenue #1167 Brooklyn, NY 11211

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fetony as provided in s.817.155, F.S.

Dated this 17th day of April, 2019.

Amanda Wilson, M.D.

Incorporator

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this The day of April, 2019.

Print Name;\_

Title: