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Division of Corporations

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# FLORIDA PROFIT/NON PROFIT CORPORATION ZEI GEZUNT HEALTHCARE PA

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### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

#### **ZEI GEZUNT HEALTHCARE PA**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

16001 COLLINS AVENUE-#2705 SUNNY ISLES BEACH, FL 33160 2018 JUL 12 AH 10: 28

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

#### 1500 SHARES AT NO PAR VALUE

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of :MEDICINE

Prepared By:
Bruce B. Hubbard
238 WEST JERICHO TURNPIKE
HUNTINGTON STATION, NY 11746
(800)443-8177/(516)935-3940

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# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DIMITRI GITELMAKER 16001 COLLINS AVENUE-#2705 SUNNY ISLES BEACH, FL 33160

### ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to theseArticles of Incorporation is(are):

DIMITRI GITELMAKER -PRESIDENT/DIRECTOR 16001 COLLINS AVENUE-#2705 SUNNY ISLES BEACH, FL 33160

### ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DIMITRI GITELMAKER 16001 COLLINS AVENUE-#2705 SUNNY ISLES BEACH, FL 33160

#### ARTICLES VII EFFECTIVE DATE

The date of Corporate Existence shall begin is:

**Upon Filing** 

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

12TH day of JULY 20 19

DIMITRI GITELMAKER SIGNATURE 15168822966

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	ZEI GEZUNT HEALTHCARE PA
2. The name and address of the registe	ered agent and office is:
	DIMITRI GITELMAKER
	Name
	16001 COLLINS AVENUE-#2705
	(P.O. Box or Mail Drop Box NOT Acceptable)
	SUNNY ISLES BEACH, FL 33160
	(City / State / Zip)
corporation at the place designated agent and agree to act in this capac	igent and to accept service of process for the above stated in this certificate, I hereby accept the appointment as registered city. I further agree to comply with the provisions of all the statutes experformance of my duties, and am familiar with and accept the ered agent.
Dordal	
	<u>7/12/2019</u>
DIMITRI GITELMAKER SIGNATURE	(Date)