10/11/2019

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.

(((H190003027103)))



H190003027103ABCX

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

Zipongo Health Provider Group, P.A.

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

9 COLIT AN STILL

Electronic Filing Menu

Corporate Filing Menu

Help

- O'KEEFE

DocuSign Envelope ID: 4C86AD67-93F0-41F7-A6A7-48E6622D7D70

ARTICLES OF INCORPORATION OF ZIPONGO HEALTH 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 Zipongo Health Provider Group, P.A. (the "Corporation").

ARTICLE II Principal Office and Mailing Address

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

600 California Street San Francisco, CA 94108

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 CT Corporation System.

4853-1887-6573.2

DocuSign Envelope ID: 4C86AD67-93F0-41F7-A6A7-48E6622D7D70

ARTICLE VI Incorporator

The name and address of the incorporator is:

Name

<u>Address</u>

David Ashley, M.D.

600 California Street San Francisco, CA 94108

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 felony as provided in s.817.155, F.S.

Dated this 10th day of October , 2019.

David Ashley, 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 11th day of October 2019.

C TIGORPORATION SYSTEM

Print Name:_____

Madonna Cuddiny

Title: Assistant Secretary

-2-

4853-1887-6573.2