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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****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

Sunrise Medical Practice P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

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:

Sunrise Medical Practice P.A.

ARTICLE II PRINCIPAL OFFICE

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

1865 S Ocean Drive Suite 14J, Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which this corporation is organized is:

The Profession of Medicine

ARTICLE IV SHARES

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

200 No Par Value

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

***Steven Schiebert
1865 S Ocean Drive Suite 14J, Hallandale Beach, FL 33009***

ARTICLE VI INCORPORATOR(S)

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

***Steven Schiebert, President
1865 S Ocean Drive Suite 14J, Hallandale Beach, FL 33009***

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

October 21, 2019

s/ Steven Schiebert
Steven Schiebert
Registered Agent

s/ Steven Schiebert
Steven Schiebert
Incorporator / President