

1/15/2020

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Division of Corporations
Florida Department of State
Division of Corporations
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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
IVX Health of Florida, P.A.

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

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J. O'KEEFE
JAN 16 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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: IVX Health of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
214 Centerview Drive
Suite 250
Brentwood, TN 37027

Mailing address, if different is.
214 Centerview Drive
Suite 250
Brentwood, TN 37027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: infusion or injection treatment

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Prasant Pandey, M.D. - President
Address: 214 Centerview Drive, Suite 250
Brentwood, TN 37027

Name and Title: Andrew Lasher, M.D. - CEO & Sec.
Address: 214 Centerview Drive, Suite 250
Brentwood, TN 37027

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: C. T Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is

Name: Andrew Lasher, M.D.
 Address: 214 Centerview Drive, Suite 250
Brentwood, TN 37027

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.)

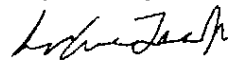
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C. T Corporation System
Meredith Hellwig, Assistant Secretary 

 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.



 Required Signature/Incorporator Date
 Andrew Lasher, M.D. 1/14/2020