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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

**\*\*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**  
**PSG Holding II, P.A.**

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

Please keep file date 1/29/2020

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**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: PSG Holding II, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9500 South Dadeland Boulevard, Suite 200Miami, Florida 33156**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to provide professional medical services through its subsidiary.Puget Sound Gastroenterology, PLLC.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Weiss, M.D., PresidentName and Title: David Weiss, M.D., SecretaryAddress: 9500 South Dadeland BoulevardAddress: 9500 South Dadeland BoulevardSuite 200Suite 200Miami, Florida 33156Miami, Florida 33156Name and Title: David Weiss, M.D., Director

Name and Title: \_\_\_\_\_

Address: 9500 South Dadeland Boulevard

Address: \_\_\_\_\_

Suite 200Miami, Florida 33156

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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, Florida 33324

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: David Weiss, M.D.  
Address: 9500 South Dadeland Boulevard, Suite 200  
Miami, Florida 33156

**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*

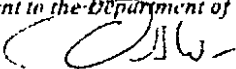
Katherine Schneider Katherine Schneider, Asst. Secretary

1/29/2020

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

1/17/20

Date