

4/13/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
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TALLAHASSEE, FLORIDA

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**\*\*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**

**Prospero Health Partners Florida, Inc.**

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

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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: Prospero Health Partners Florida, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

40 South Main Street, Suite 1300Memphis, TN 38103**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

provide medical services to palliative care patients**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Moen, MD

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

President,

Address

Treasurer,

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

Secretary40 South Main Street, Suite 1300Memphis, TN 38103

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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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 S. Pine Island Road, #250  
Plantation, FL 33324

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

Name: David Moon, M.D.

Address: 40 South Main Street, Suite 1300  
Memphis, TN 38103

**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*

C.T. Corporation System

By: Stephanie Hencz Stephanie Hencz, Assistant Secretary

Required Signature/Registered Agent

04/13/2020

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.*David Moon, M.D.  
Required Signature/Incorporator

Date

4/13/20

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