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PICK-UP	WAIT	MAIL
(Busin	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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2021 FEB 12 AM ID: 36 SECRETARY OF STATE TALLAHIASSEE, FL

بدار ،

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EAST BROWARD	MEDICAL CENT	ER P.A.	
	<u> </u>		
		✓	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
		<u> </u>	Trade/Service Mark
			Merger File
		<u> </u>	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
		1	Cert. Copy
			Photo Copy
			Certificate of Good Standing
		✓	Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Ci atura			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:BA	02/11/21	_	UCC 1 or 3 File
	$\frac{02/11/21}{P_{\text{ott}}}$		UCC Search
Name	Date T		UCC 11 Retrieval
Walk-In	_ Will Pick Up _		Courier

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: EAST BLOWNED	MEDICOL CE	WHER P.A
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Filing Fcc, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: TETER KE, TER	(Printed or timed)	

15030 FEATHERSTONE WAY

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: 7-AST	BROWALD MEDICA	(INTER Y.A.
ARTICLE II PRINCIPAL OFFICE Principal street address 2000 North Chortus Wildon Manons Fi	Mailing add	ress, if different is:
	of Mis BusiJESS is RE OPTIMAL HER	`
ARTICLE IV SHARES The number of shares of stock is: OO ARTICLE V INITIAL OFFICERS AND/OR DID Name and Title: DL. PERT RE Address COO NOCH AND	Name and Title:	SECRETARY OF STATE TALLAHASSEE, FL
W; HON MANOR! Name and Title:	<u> </u>	
Name and Title:Address		

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DR. POLER RESERVA Address: Address: Address: Address: Address: Address: DR. POLER RESERVA ANDREW! ANDREW! ANDREW! ANDREW! ANDREW! ANDREW! ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DR. POLER RESERVA Address: Address: Address: DR. POLER ANDREW! ARTICLE VIII INCORPORATOR Address: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filling: OF OY - 2021 (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 filling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records.	Name and Title:		Name and Title:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Name: Name: Name: Name: DL. FLAT REVII INCORPORATOR The name and address of the Incorporator is: Name: Address: Name: DL. FLAT REVII FRECTIVE DATE: Effective date, if other than the date of filing: Of Oy 2021. (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	Address		Address:		
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DI PORT RETERMINATION THE name and address of the Incorporator is: Name: Address: 2600 North Anorth Anorth Avenue Wilton Manor Fl 33311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Of Dy 2021 (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			_ ·		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Name: Address: Name: DI HON MANDLS FL 33311 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DI HORE KELTER Address: Address: 2600 North ANDREW! AVENUE Wildow MANDLS FL 33311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Of Oylonal) (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				· .	
ARTICLE VIII INCORPORATOR ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Name: DL PETER RETER Address: 2600 North Anorth Anorth Avenue Wilton Mandes Fl 33311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: O/- O/- 2021 (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	ARTICLE VI REGISTERED The name and Florida street ad	<u>AGENT</u> <u>iress</u> (P.O. Box NOT acceptable) c	of the registered agent is:		
M: HON MANDES FL 33311 ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Dl. Pater Reverse Address: 2600 North Anorth Anorth Avenue W: Hon Mandes Fl 33311 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 0/-04-2021 (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	Name:	ETER RESTER			
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ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 0/-04-2021. (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	Address: 2 <u>600</u>	NOCH ANDREW	1 HVENUE		, <u>w</u>
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	•	block does not meet the applicab	le statutory filing requir	rements, this date	will not be listed
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	certificate, I am funditur with an	d accept the appointment as registe	ered agent and agree to	act in this capacit	y
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in a certificate, I am furnitur with and accept the appointment as registered agent and agree to act in this capacity				21	11/21
certificate, I am funditur with and accept the appointment as registered agent and agree to act in this capacity	Requ	red Signature/Registered Agent		. /	'/Date
Certificate, I am funditur with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date	I submit this document and aff	rm that the facts stated herein ar State constitutes a third degree felt	e true. I am aware than	t the false inform 817.155, F.S.	ation submitted i
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted is		enso conditionico m uno magrico fem	the market to summer have near here		1.1.
Required Signature/Registered Agent 2 1 Date	7				