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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
Comprehensive Neurological Care P.A.

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

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MAR - 2 2021

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:

Comprehensive Neurological Care P.A.

ARTICLE II PRINCIPAL OFFICE

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

20350 Cozumel Ct, Boca Raton, FL 33498

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 DIRECTORS/OFFICERS AND STREET ADDRESS

The name and address of the initial directors/officers is:

Nina Tsakadze, President, 20350 Cozumel Ct, Boca Raton, FL 33498

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nina Tsakadze, 20350 Cozumel Ct, Boca Raton, FL 33498

ARTICLE VII INCORPORATOR(S)

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

Nina Tsakadze, President, 20350 Cozumel Ct, Boca Raton, FL 33498

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

March 1, 2021

s/ Nina Tsakadze
Nina Tsakadze
Registered Agent

s/ Nina Tsakadze
Nina Tsakadze
Incorporator / President

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