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(Requestor's Name)

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(City/State/Zip/Phone #)

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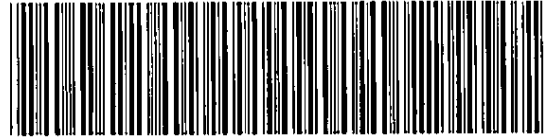
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 03/16/2021

Name: Merritt Walker

Reference #: 1341033

Entity Name: ON DEMAND NEUROLOGY, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$78.75

Signature: 

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4C1  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633

## COVER LETTER

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

**SUBJECT:** On Demand Neurology, P.A.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

Marc Goldsand, Esq.

FROM: \_\_\_\_\_  
Name (Printed or typed)

3109 Grand Ave #225

---

Address

Miami, Florida 33133

City, State &amp; Zip

786-390-5862

Daytime Telephone number

mgoldsand@goldsandlaw.com

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

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

On Demand Neurology, P.A.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1178 Broadway Suite 303

New York, New York 10001

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The Purpose of the corporation is to engage in the profession of medicine and medical services and any other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and regulations

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sumeet Vadera, M.D., President

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

Address 1178 Broadway Suite 303

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

New York, New York 10001

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

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

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

Address \_\_\_\_\_ 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: \_\_\_\_\_ Cogency Global Inc.

Address: \_\_\_\_\_ 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ Sumeet Vadera, M.D.

Address: \_\_\_\_\_ 1178 Broadway Suite 303  
New York, New York 10001  
\_\_\_\_\_

**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*

Jennifer Countz, Assistant Secretary of

Jennifer Countz \_\_\_\_\_  
Required Signature/Registered Agent

COGENCY GLOBAL INC.

03/15/2021

\_\_\_\_\_  
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.*

[Signature] \_\_\_\_\_  
Required Signature/Incorporator

03 / 15 / 2021

\_\_\_\_\_  
Date