

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P21000040540

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210001809073))



H210001809073ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****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
Revival Health Group, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2021 MAY -5 AM 10:27

COVER LETTER

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

SUBJECT: Revival Health Group, 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:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City, State & Zip

323-962-8600 ext. 7625

Daytime Telephone number

onlinefilings@Legalzoom.com

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

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

2021 MAY -5 AM 8:12

FILED

TALLAHASSEE, FL

CLERK

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

ARTICLE I NAMEThe name of the corporation shall be: Revival Health Group, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2396 Edgewood Ave NJacksonville, Florida 32254**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Chiropractor Services Provided by a LicensedChiropractor**ARTICLE IV SHARES**The number of shares of stock is: 10000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: James Rippa, PTSD

Name and Title: _____

Address

2396 Edgewood Ave N

Address: _____

Jacksonville, Florida 32254

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 MAY -5 AM 8:12

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James Rippa
Address: 2396 Edgewood Ave N
Jacksonville, Florida 32254

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.
Address: 101 N. Brand Blvd., 11th Floor,
Glendale, CA 91203

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.)

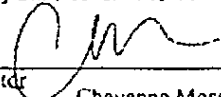
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent James Rippa

4/27/21
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 §817.155, F.S.


Required Signature/Incorporator Cheyenne Moseley, Assistant Secretary,
Legalzoom.com, Inc.

05/05/2021
Date

2021 MAY -5 AM 8:12
FILED
CLERK OF THE
SOUTH FLORIDA
COUNTY

ACH 40079014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO
02/17/2021	CH 13434	12771

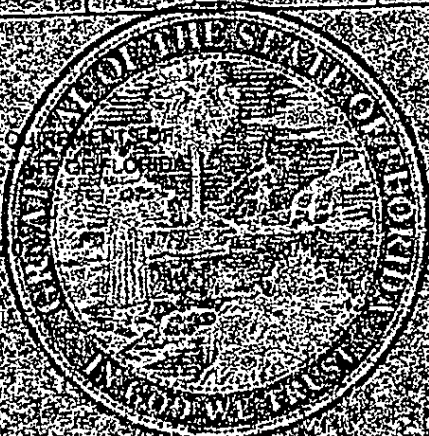
THE CHIROPRACTIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: MARCH 31

JAMES RIPPA

41 RED BRIDGE LANE
SOUTH HADLEY MA 01075



1460

Ron DeSantis
GOVERNOR

W. A. R. 111

Scott A. Rykoss, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: MARCH 31, 2022

STATE DEPT. OF HEALTH DIVISION OF PUBLIC HEALTH BUREAU OF VETERINARY MEDICINE WASHINGTON, D. C.	DATE	USE NO.	CONTAINER
	12/17/71	100-100000	100-100000