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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
PINECREST MEDICAL SPECIALISTS INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

JUL 07 2021
T. SCOTT

COVER LETTER

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

SUBJECT: Pinecrest Medical Specialists Inc.
(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 Filing Fee

☒ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Capitol Services - Corporate Filings Team
Name (Printed or typed)

515 East Park Avenue 2nd Fl
Address

Tallahassee, FL 32301
City, State & Zip

(855) 498 - 5500
Daytime Telephone number

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
The name of the corporation shall be: Pinecrest Medical Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
6303 Blue Lagoon Drive	
Suite 400	
Miami, FL 33126	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Medical Practice

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hirenkumar Damjibhai Italia President
Address: 6303 Blue Lagoon Drive, Suite 400, Miami, FL 33126

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2021 JUL -6 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Capitol Corporate Services, Inc.

Address: 515 East Park Avenue 2nd Fl

Tallahassee FL 32301

ARTICLE VII INCORPORATOR

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

Name: Hirenkumar Damjibhai Italia MD

Address: 6303 Blue Lagoon Drive, Suite 400

Miami, FL 33126

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

Yvette Cleveland Yvette Cleveland, Assistant Secretary on behalf of Capitol Corporate Services, Inc. 07/02/2021

Required Signature/Registered Agent 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.

07/01/2021

Required Signature/Incorporator Date