

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

8/16/21

****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
Prospero Medical Services, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021-08-13 PM 2:04

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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: Prospero Medical Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
40 South Main Street, Suite 1300
Memphis, Tennessee 38103

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide medical services.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Moen, M.D. - President

Address: 40 South Main Street, Suite 1300
Memphis, Tennessee 38103

Name and Title: David Moen, M.D. - Treasurer

Address: 40 South Main Street, Suite 1300
Memphis, Tennessee 38103

Name and Title: David Moen, M.D. - Secretary

Address: 40 South Main Street, Suite 1300
Memphis, Tennessee 38103

Name and Title: David Moen, M.D. - Director

Address: 40 South Main Street, Suite 1300
Memphis, Tennessee 38103

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Moen, M.D.
Address: 40 South Main Street, Suite 1300
Memphis, TN 38103

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

Stephanie Hencz Stephanie Hencz, assistant secretary
Required Signature/Registered Agent

8/13/2021
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.

David Moen, M.D.
Required Signature/Incorporator

08/06/2021
Date