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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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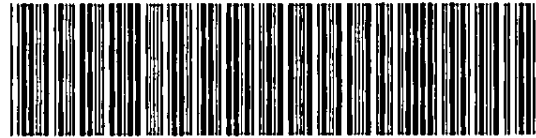
(Business Entity Name)

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## COVER LETTER

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

SUBJECT: Domestication of California S corp to Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** Michael Dogali

**Name (printed or typed)**

2609 Royal Liverpool Drive

**Address**

Tarpon Springs, Florida 34688

**City, State & Zip**

949-230-0672

**Daytime Telephone Number**

mdogalimd@gmail.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Michael Dogali, President  
(Name) (Title)

of Pacific Neurosurgery, Inc, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Pacific Neurosurgery, Inc.  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is State of California 03/25/2010
3. The name of the domesticated corporation is Pacific Neurosurgery, Inc.  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Michael Dogali president  
(Authorized Signature)

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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Pacific Neurosurgery, Inc

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

2609 Royal Liverpool Dr.

2609 Royal Liverpool Dr.

Tarpon Springs

Tarpon Springs

Florida, USA 34688

Florida, USA 34688

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Medical evaluation and consultation

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 1000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Katherine F. Dogali

2609 Royal Liverpool Dr.

Tarpon Springs, Florida, 34688

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Katherine F. Dogali  
Signature/Registered Agent

11/11/21  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Michael Dogali MDCM president

Address: 2609 Royal Liverpool Dr

Tarpon Springs, Florida

34688

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

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I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Michael Dogali president  
Signature/Authorized Person

11/11/2021  
Date