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Division of Corporations

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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****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

Skylight Health of Florida Clinics, P.A.

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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D. O'KEEFE

APR - 4 2022

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:

Skylight Health of Florida Clinics, PA

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1200 Riverplace Boulevard,

Suite 705,

Jacksonville, Florida 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation, Healthcare Clinic

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vipul Patel, D.C. - President

Name and Title:

Address

1200 Riverplace Boulevard

Address:

Suite 705

Jacksonville, Florida 32207

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: C T Corporation System _____

Address: 1200 South Pine Island Road Plantation, _____

FL 33324 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jessica George _____

Address: 1200 Riverplace Boulevard, Suite 705, _____

Jacksonville, Florida 32207 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 24, 2022 _____ (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.*If 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*

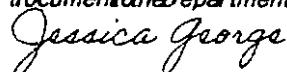
By: _____

Christine Kello
Assistant Secretary

03/28/2022

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.

Required Signature/Incorporator

3/25/2022

Date