

P22000027714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900384673399

FILED

2022 APR 11 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 APR 11 PM 2:53

OFFICE OF THE  
TALLAHASSEE, FL 06011

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 4/11/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1025056

**ORDER ENTITY**

IMPACT HEALTH MEDICAL FL P.A.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**IMPACT HEALTH MEDICAL FL P.A. ( FL )**

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized

Email address for annual report reminders: filings@accumera.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Incorporation  
Of  
**Impact Health Medical FL P.A.**

**FILED**

**2022 APR 11 AM 10:25**

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of the corporation is: **Impact Health Medical FL P.A.**
2. The purposes for which the corporation is formed is to engage in the practice of **MEDICINE** and to engage in any act or activity for which corporations may be formed under the General Corporations Law, provided that the corporation shall not engage in any act or activity which requires the consent or approval of any State official, department, board, agency or any other body, without first having obtained such consent.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the corporation shall have and may exercise all of the powers conferred by the General Corporation Law upon corporation formed thereunder, subject to any limitations contained in any statute of the State of Florida.

3. The name and address of the initial registered agent of the corporation is:  
**Incorporating Services, Ltd., 1540 Glenway Drive, Orlando, FL 32804**
4. The principal place of business of the corporation is:  
**1317 Edgewater Drive, #800, Orlando, FL 32804**
5. The mailing address of the corporation is:  
**1317 Edgewater Drive, #800, Orlando, FL 32804**
6. The names, address and titles of the Directors/Officers are as follows:  
**Halland Chen, President, 108 16th Street, Belleair Beach, FL 33786**
7. The aggregate number of shares which the corporation shall be authorized to issue is **200** shares with **no** par value.
8. The name and address of the incorporator is:

Megan Burke, c/o Accumera LLC, 911 Central Ave., #101, Albany, NY 12206

9. The corporation will exist perpetually.

In Witness Whereof, the undersigned incorporator, being over the age of 21, has executed this certificate.

Dated: **April 11, 2022**



Megan Burke  
Incorporator

## Acceptance of Appointment as Registered Agent

I, **Incorporating Services, Ltd.**, do hereby accept appointment as Registered Agent of **Impact Health Medical FL P.A.** and am familiar with the provisions of section 607.0505 of the Florida General Corporation Act.

Dated: **April 11, 2022**

  
**Incorporating Services, Ltd.**  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 11 AM 10:25

FILED