

P220000028264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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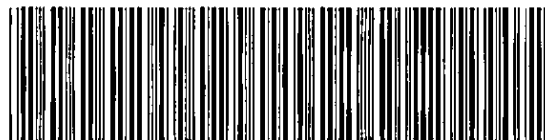
(Business Entity Name)

(Document Number)

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **April 13, 2022**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1647632**

Entity Name: **SUMMER HEALTH MEDICAL GROUP, P.A.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Please provide a certified copy of the filing evidence. Thank you!**

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$78.75**

Signature: *David Shulman*

**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: Summer Health Medical Group, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12 Kelwynne Road

Scarsdale, NY 10583

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of the corporation is to engage in the profession of medicine and any other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and regulations.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Scahill Name and Title: \_\_\_\_\_

Address: - Director/President/CEO Address: \_\_\_\_\_

12 Kelwynne Road \_\_\_\_\_

Scarsdale, NY 10583 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: COGENCY GLOBAL INC.  
Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Scahill  
Address: 12 Kelwynne Road  
Scarsdale, NY 10583

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**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*

John Brennan John Brennan, Assistant Secretary 4/12/2022  
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.*

Michael Scahill Michael Scahill 4/12/2022  
Required Signature/Incorporator Date