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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 : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

FILED  
2022 MAY -2 AM 11:50  
CLERK OF STATE  
ALBANY, FLORIDA

**\*\*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  
NOC FLORIDA BEHAVIORAL HEALTH, P.A.**

**\*\*please honor original  
submission date of  
5/02/22\*\***

Certificate of Status	0
Certified Copy	1
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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: NOCD Florida Behavioral Health, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
225 N. MICHIGAN AVENUE, STE. 1430  
CHICAGO, IL 60601

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the practice of medicine,  
psychiatry, psychology, and any other lawful acts.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon M. Batista, M.D.

Address: 61 Tarryhill Rd.  
Tarrytown, NY 10591  
President

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

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

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

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

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

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

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

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

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

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

2022 MAY -2 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H22000158780

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: Capitol Corporate Services, Inc.  
 Address: 515 East Park Avenue, 2nd Fl  
Tallahassee, FL 32301

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 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Sharon M. Batista, M.D.  
 Address: 61 Tarryhill Rd.  
Tarrytown, NY 10591

**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*

Taylor Seay Taylor Seay, as Asst. Secretary 05/02/2022  
 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.*

DocuSigned by  
Sharon Batista 5/1/2022  
 Required Signature/Incorporator Date

H22000158780