

P22000053298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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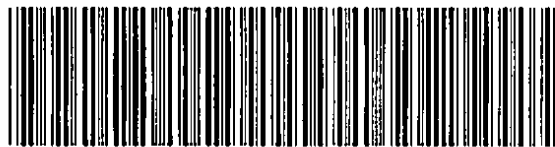
(Business Entity Name)

(Document Number)

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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 782154 3405B

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : June 30, 2022

ORDER TIME : 8:41 AM

ORDER NO. : 782154-005

CUSTOMER NO: 3405B

DOMESTIC FILING

NAME: ONMED PROFESSIONAL SERVICES,
P.A.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32301
CORPORATION SERVICE COMPANY

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: OnMed Professional Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14105 McCormick Drive

Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide professional medical services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
SOUTH FLORIDA
TAMPA

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maliena Michi Longley, M.D.
Address: 14105 McCormick Drive
Tampa, FL 33626

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

Alexis Weibnd, assistant vice president
Required Signature/Registered Agent

07/01/2022

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.

[Signature]
Required Signature/Incorporator

6/30/2022

Date

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TALLAHASSEE, FL 32301
CLERK OF THE DEPARTMENT OF STATE