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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : RASI
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Fax Number : (917)243-5843

****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
DR. CHRISTINE. M. KENT, AUDIOLOGIST PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 AUG 16 PM 9:04

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2022 AUG 16 AM 12:05

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Dr.Christine M. Kent, Audiologist, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address153 Latrobe Avenue
St. Augustine, FL 32095

Mailing address, if different is:

153 Latrobe Avenue
St. Augustine, FL 32095**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Medical**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Christine M. Kent-Coglietta-Director Name and Title: _____Address 153 Latrobe Avenue
St. Augustine, FL 32095

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

2022 AUG 16 AM 2:05

Name and Title	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Christine M. Kent-Coglietta

Address: 153 Latrobe Avenue

St. Augustine, FL 32095

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Christine M. Kent-Coglietta

Address: 153 Latrobe Avenue

St. Augustine, FL 32095

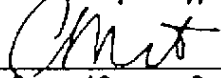
ARTICLE VIII EFFECTIVE DATE:

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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature Registered Agent

08/13/2022

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.


Required Signature Incorporator

08/13/2022

Date

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