

P22000067446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

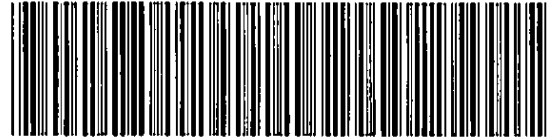
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
AUG 30 2022

2022 AUG 29 PM 4:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 29 PM 3:45



COGENCYGLOBAL

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

Date: **August 29, 2022**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1770059**

Entity Name: **SOUNDRY 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.**

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: Soundry Health Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4546 El Camino Real B10 #683

Los Altos, CA 94022

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: Mark Schlangel

Name and Title: _____

Address - Director/President/CEO

Address: _____

4546 El Camino Real B10 #683

Los Altos, CA 94022

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mark Schlangel
Address: 4546 El Camino Real B10 #683
Los Altos, CA 94022

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

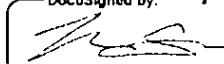
/s/ Eric Hood. Assistant Secretary

08/29/2022

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.



Required Signature/Incorporator

08/22/2022

Date