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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

T. SCOTT

SEP - 1 2022

****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
HALPER FAMILY MEDICINE P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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Aug: 31. 2022 3:02PM

GEALD WEINBERG

No. 3952 P. 2/3

(H 00000298695 3)

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: HALPER FAMILY MEDICINE P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10104 DOVER CARRIAGE LANE

WELLINGTON, FLORIDA 33449

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PRACTICE OF MEDICINE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TODD HALPER, M.D., P.

Name and Title: _____

Address 55 MAPLE AVENUE

Address: _____

SUITE 102

ROCKVILLE CENTRE, NY 11570

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: INCORPORATING SERVICES, LTD.Address: 1540 GLENWAY DRIVETALLAHASSEE, FL 32301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 41 STATE STREET, SUITE 700ALBANY, NY 12207**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/Melissa A. Moreau - Assistant Sec.

Required Signature/Registered Agent

08/31/2022

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.*Lawrence A. Kirsch

Required Signature/Incorporator

08/31/2022

Date