

P22000074035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000385118460

S. CHATHAM  
SEP 26 2022

RECEIVED  
2022 SEP 26 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
22 SEP 26 PM 3:43  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



**COGENCYGLOBAL**

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

Date: **September 26, 2022**

Account#: I200000000088

Name: **James Brodbeck**

Reference #: **1791243**

Entity Name: **CONSTANT CARE HEALTH OF FLORIDA, P.A.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

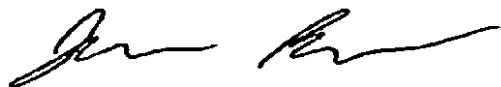
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other **Certified Copy upon filing**

Authorized Amount: **\$78.75**

Signature: 

**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: Constant Care Health of Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address 601 Brickell Key Drive Mailing address, if different is: \_\_\_\_\_  
Suite 700 \_\_\_\_\_  
Miami, FL 33131 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: the provision of professional medical services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Alex Mohseni, MD, Director</u>	Name and Title:	_____
Address	<u>601 Brickell Key Drive</u>	Address:	_____
	<u>Suite 700</u>		_____
	<u>Miami, FL 33131</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
22 SEP 26 PM 3:43

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP 26 PM 3:43

**ARTICLE VII INCORPORATOR**

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

Name: Alex Mohseni, MD  
Address: 601 Brickell Key Drive, Suite 700  
Miami, FL 33131

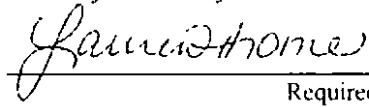
**ARTICLE VIII EFFECTIVE DATE:**

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*

 Lauren Thome, Assistant Secretary  
Required Signature/Registered Agent

9/20/2022  
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.*

 Alex Mohseni President  
Required Signature/Incorporator

9/23/2022  
Date