

12/1/22, 12:07 PM

Division of Corporations

A2 2000088507

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000405264 3)))



H220004052643ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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

Everyday Care Medical Group, P.A.

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

2022 DEC 1 2 11:10:27

12/1
2022 DEC -1 PM 1:32

Electronic Filing Menu

Corporate Filing Menu

Help

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. Everyday Care Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

4500 North State Road 7, Suite 102

Lauderdale Lakes, FL 33319

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. 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title. Michael Hafran, M.D., President Name and Title. _____

Address 4500 North State Road 7, Suite 102 Address. _____

Lauderdale Lakes, FL 33319 _____

Name and Title. _____ Name and Title. _____

Address _____ Address _____

Name and Title. _____ Name and Title. _____

Address _____ Address. _____

2022 DEC -1 PM 1:32
FBI
CRIM

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. LEGALINC CORPORATE SERVICES INC.

Address. 476 Riverside Ave

Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name. Michael Hafran, M.D.

Address. 4500 North State Road 7, Suite 102

Lauderdale Lakes, FL 33319

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



Required Signature/Registered Agent

11/30/2022

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.

Dr. Michael Hafran

Required Signature/Incorporator

11/30/2022

Date

2022 DEC - 1 PM 1:30
((H22000405264 3)))