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

From:  
Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MANAGEMENT@ALLINWONMED.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SG Medical Professionals of FL P.A.**

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TALLAHASSEE, FLORIDA

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: SG Medical Professionals of FL P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
350 Camino Gardens Blvd, Ste 303  
Boca Raton, FL 33432

Mailing address, if different is:  
260 Christopher Lane, Ste 102A  
Staten Island, NY 10314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Guttman, MD, President

Name and Title:

Address: 260 Christopher Lane, Ste 102A

Address:

Staten Island, NY 10314

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: Evan Newman  
Address: 350 Camino Gardens Blvd. Ste 303  
Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

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

Name: Steven Guttman, MD  
Address: 260 Christopher Lane, Ste 102A  
Staten Island, NY 10314

**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 business days prior or 90 business 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:*

<u>/s/ Evan Newman</u>	<u>01/18/2023</u>
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.*

<u>/s/ Steven Guttman, MD</u>	<u>01/18/2023</u>
Required Signature/Incorporator	Date