

P23000008139

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
FEB - 1 1 2023

2023 FEB - 1 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FL

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2023 JAN 32 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FL
RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/01/2023

****WALK IN**

ENTITY NAME Novocardia Medical Group, P.A

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: 120160000072

S R J/10

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Novocardia Medical Group, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Catrina Davis
Name (Printed or typed)

150 Third Avenue South, Suite 2800
Address

Nashville, TN 37201

City, State & Zip

615-259-6788
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Novocardia Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3901 University Blvd South, Suite 221

Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a medical practice.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Blumenthal, M.D. - President & Secretary

Name and Title: _____

Address 345 Park Ave S, 12th Floor

Address: _____

New York, NY 10010

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301-2525

ARTICLE VII INCORPORATOR

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

Name: Catrina Davis
Address: 150 Third Avenue South, Suite 2800
Nashville, TN 37201

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

Katherine Carney
Required Signature/Registered Agent

01/31/2023
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.

Catrina Davis
Required Signature/Incorporator

1/31/2023
Date

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