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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 520770 7354150
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 70.00
ORDER DATE : February 23, 2023
ORDER TIME : 2:35 PM
ORDER NO. : 520770-005
CUSTOMER NO: 7354150
DOMESTIC FILING
NAME: FITON CARE, P.A.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

ARTICLES OF INCORPORATION OF FITON CARE, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

ARTICLE I Name

The name of the corporation is FitOn Care, P.A. (the "Corporation").

ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

802 E. Whiting Street, Suite 14 Tampa, Florida 33602

ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services, and own property and invest its funds as authorized by applicable Florida law.

ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$0.01 per share.

ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office is 1201 Hays Street, Tallahassee, FL 32301, and the name of the Corporation's initial registered agent at that address is Corporation Service Company.

ARTICLE VI Incorporator

The name and address of the incorporator is:

Name

Address

Ravi Patel, D.O.

802 E. Whiting Street, Suite 14 Tampa, Florida 33602

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this 21st day of February , 2023.

Ravi J. Patel

Ravi Patel, D.O. Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this 21st day of February . 2023.

CORPORATION SERVICE COMPANY

By: Maureen DiCarlo

Print Name: Maureen DiCarlo

Title: Assistant Secretary

