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Account Number : 1200000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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Email Address: Corporate @comitersinger.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Palm Beach Digestive Concierge, P.A.

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\$78.75

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Electronic Filing Menu

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Corporate Filing Menu

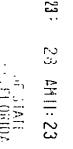
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COVER LETTER

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

CURTECT. Pali	m Beach Digestive Concierge, P.	A			
SUBJECT:Pail	(PROPOSED CORPORAT	E NAME - MUST INCLL	IDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:		
Eliciosed are all orig	5,,,,,,				
□ \$70.00	□ \$78.75	☒ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fec	Filing Fee,		
g	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL CO			
EDOM.	Andrew R. Comiter, Esq.				
FROM: _	Name	(Printed or typed)			
3825 PGA Blvd., Suite 701 Address					
	,	100.00			
	Palm Beach Gardens, FL 334	10	_		
	City,	State & Zip			
	· ·				
	561-626-2101				
	Daytime T	elephone number			
	corporate@comitersinger.com				
_	E-mail address: (to be use	d for future annual report	notification)		

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



r i

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	<u>PAL OFFICE</u>		
P	rincipal street address	Mailing a	address, if different is:
03 Terra Linda Place	33418		
alm Beach Gardens, FL	23410		
·			
RTICLE III PURPOS	SE		i lavel opermintestins
he purpose for which the	SE corporation is organized is: to offer c	lients the option to obtain co	ncierge level gastrointesture
services and 24 hour acco	ess for gastrointestinal care.		
			
	··		
ingroup BU SHARE	re.		
ARTICLE IV SHARE The number of shares of s	3 tock is: _1,000		
	-		
ARTICLE V INITLA	L OFFICERS AND/OR DIRECTORS		
11111111111111111111111111111111111111	Filiot Ellis - President	Name and Title:	
Name and Title:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Address	103 Тетта Linda Place	Address:	
	- 4 G) (27 22410		
	Palm Beach Gardens, PL 33418		
	Palm Beach Gardens, PL 33418		
	Palm Beach Gardens, PL 33418		
	Palm Beach Gardens, PL 33418		
Name and Title:	Palm Beach Gardens, PL 33418	Name and Title:	
			
Name and Title:	Palm Beach Gardens, PL 33418		
			
			
Address		Address:	
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Address Name and Title:		Address: Name and Title:	202
Address Name and Title:		Address: Name and Title:	2023
Address Name and Title:		Address: Name and Title:	2023 7
Address Name and Title:		Address: Name and Title:	2023 7

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Name an	nd Title:	Name and Title:	
Address	<u> </u>	Address:	
ARTICLE VI	REGISTERED AGENT	of the registered event is:	
The name and F	Torida street address (P.O. Box NOT acceptable)	of the tegistered agent is.	
Name:	Comiter, Singer, Baseman & Braun, LLP		
Address:	3825 PGA Blvd., Suite 701		
	Paim Beach Gardens, FL 33410		
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
-	Andrew R. Comiter, Esq.		
Name:			
Address:	3825 PGA Blvd., Suite 701		
	Palm Beach Gardens, FL 33410	_	
	if other than the date of filing:	(OPTIONAL)	
(If an effective	if other than the date of filing:	not be more than five days prior	r or 90 days after the
filing.)			
Note: If the da	te inserted in this block does not meet the applicat	ole statutory filing requirements, the	nis date will not be listed as
	effective date on the Department of State's record		
Having been no	med as registered agent to accept service of proces.	s for the above stated corporation i	at the place designated in this
certificate, I afr	nmed as registered agent to accept service by process familiar with and accept the appointment as regis	terea agent and agree to act in this	
Xh	of Thomas		<u> </u>
	Required Signature/Registered Agent		Date
I submit this d	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fel	ire true. I am aware that the falso lony as provided for in s.817.155, I	e injormation submitted in a F.S.
document to the	e Department of State constitutes a titua degree fee	only as broaden have an every	
_ Xul	2 moute	Date	_ ଥାବଃ ସଠ୍ତ
Required Signa	iture/Incorporator		

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