

P23000017958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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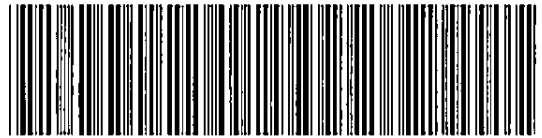
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR - 9 2023

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2023 MAR - 8 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 MAR - 8 AM 10:35

TALLAHASSEE, FL

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 3/8/23

**\*\*WALK IN\*\***

ENTITY NAME Modern Psychiatry, P.A.

DOCUMENT NUMBER \_\_\_\_\_

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

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

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

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

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:** Modern Psychiatry, 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:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Gregory T. Measer, Esq.  
Name (Printed or typed)

50 Fountain Plaza, Suite 1700  
Address

Buffalo, New York 14202  
City, State & Zip

716-853-5100  
Daytime Telephone number

gmeaser@lippes.com  
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: Modern Psychiatry, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>23 Woodhaven Rd</u>	<u></u>
<u>Toms River, New Jersey 08753</u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to practice the profession of psychiatry.

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**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Felix A. Geller, Director</u>	Name and Title: <u>Felix A. Geller, President</u>
Address <u>23 Woodhaven Rd.</u>	Address: <u>23 Woodhaven Rd.</u>
<u>Toms River, New Jersey 08753</u>	<u>Toms River, New Jersey 08753</u>
<u></u>	<u></u>

Name and Title: <u>Felix A. Geller, Treasurer</u>	Name and Title: <u>Felix A. Geller, Secretary</u>
Address <u>23 Woodhaven Rd.</u>	Address: <u>23 Woodhaven Rd.</u>
<u>Toms River, New Jersey 08753</u>	<u>Toms River, New Jersey 08753</u>
<u></u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: United Corporate Services, Inc.

Address: 3458 Lakeshore Drive

Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

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

Name: Felix A. Geller

Address: 23 Woodhaven Rd.

Toms River, New Jersey 08753

**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*

Michael A. Barr

Required Signature/Registered Agent

3/7/23

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.*

Declassified by:

Felix Geller

Required Signature/Incorporator

3/7/2023

Date

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