

Pa 3000031432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

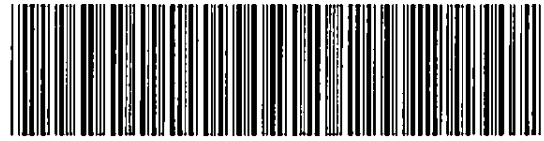
(Business Entity Name)

(Document Number)

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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: The Medconsult Group, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9840 Rocky Bank Dr
Naples, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide medical services
to inpatient and outpatient facilities.

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abdallah AlMoussa MD Name and Title: _____
Address: 9840 Rocky Bank Dr Address: _____
Naples, FL 34109
Title: President

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: Abdallah Al Moussa
 Address: 9840 Rocky Bank Dr
Naples, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Abdallah Al Moussa
 Address: 9840 Rocky Bank Dr
Naples FL 34109

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/19/2023 (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:

 Required Signature/Registered Agent 4/19/2023
 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.

 Required Signature/Incorporator 4/19/2023
 Date

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