

P2300032871
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
 Account Number : I20030000043
 Phone : (800)342-9856
 Fax Number : (800)354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 NOBLE HEALTH CARE MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
 2023 APR 25 AM 10:39
 CORPORATIONS
 COMMERCIAL
 SERVICES

FILED
 APR 25 AM 8:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Handwritten mark]

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Apr. 25. 2020 9:47AM

GEALD WEINBERG

00153406 3

No. 7707 P. 2

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: NOBLE HEALTH CARE MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

C/O HARRY CARDILLO

3510 23RD AVENUE W

BRADENTON, FL 34205

Mailing address, if different is:

C/O HARRY CARDILLO

3510 23RD AVENUE W

BRADENTON, FL 34205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHANNES ORTNER, P, D

Name and Title: _____

Address 228 PARK AVENUE S

Address: _____

SUITE 88144

NEW YORK, NY 10003

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Apr. 25. 2023 9:47AM

GEALD WEINBERG

H23000153406 3

No. 7707 P. 3

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: HARRY CARDILLO
Address: 3510 23RD AVENUE W
BRADENTON, FL 34205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH
Address: 41 STATE STREET, SUITE 700
ALBANY, NEW YORK 12207

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:

Harry Cardillo

Required Signature/Registered Agent

04/25/2023

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.

Lawrence A. Kirsch

Required Signature/Incorporator

04/25/2023

Date

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