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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL


CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NORTH MIAMI MEDICAL CENTER P.A.

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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____ Art of Inc. File _____
____ LTD Partnership File _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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COVER LETTER

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

SUBJECT: NORTH MIAMI MEDICAL CENTER 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: DR. PETER REITER D.C.

Name (Printed or typed)

13095 W DIXIE HWY

Address

NORTH MIAMI FL 33161

City, State & Zip

954-587-8700

Daytime Telephone number

DRREITER@YANDEX.COM

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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: NORTH MIAMI MEDICAL CENTER P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address)

Mailing address, if different is:

13095 W DIXIE HWY

13095 W DIXIE HWY

NORTH MIAMI FL 33161

NORTH MIAMI FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The specific nature of this business is to treat patients and restore optimal health.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. PETER REITER

Name and Title: _____

Address

CEO

Address: _____

13095 W DIXIE HWY

NORTH MIAMI FL 33161

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FL

FILED

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: DR. PETER REITER
Address: 13095 W DDXIE HWY
NORTH MIAMI FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. PETER REITER
Address: 13095 W DDXIE HWY
NORTH MIAMI FL 33161

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/26/23 (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.

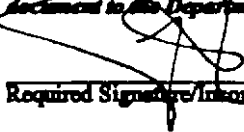
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/26/23
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.



Required Signature/Incorporator

5/26/23
Date

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2023

CAPITAL CONNECTION, INC.

SUBJECT: NORTH MIAMI MEDICAL CENTER P.A.
Ref. Number: W23000093105

We have received your document for NORTH MIAMI MEDICAL CENTER P.A..
However, the document has not been filed and is being returned for the following:

The Registered Agents name is indecipherable.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 923A00015455

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