

P23 00005 1746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

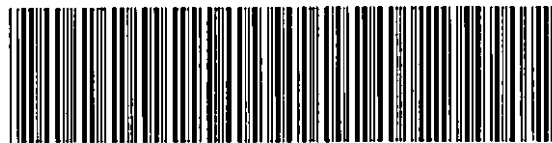
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

U23000093108

Office Use Only



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Handwritten signature/initials

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2023 JUL - 7 PM 2:35

RECEIVED

CAPITAL CONNECTION, INC.

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

JAX MEDICAL CENTER P.A.

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ 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 _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

COVER LETTER

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

SUBJECT: JAX 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: DR.PETER REITER D.C.
Name (Printed or typed)
1395 CASSAT AVE, SUITE 2
Address
JACKSONVILLE, FL 32205
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.

FILED
2023 JUL 12 PM 2:28
SECRETARY OF STATE
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: JAX MEDICAL CENTER P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1395 CASSAT AVE, SUITE 2

JACKSONVILLE, FL 32205

Mailing address, if different is:

1395 CASSAT AVE, SUITE 2

JACKSONVILLE, FL 32205

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: _____

1395 CASSAT AVE, SUITE 2

JACKSONVILLE, FL 32205

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2003 JUL 12 PM 2:28
SECRETARY OF STATE
JAIL MIAMI, 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: 1395 CASSAT AVE, SUITE 2

JACKSONVILLE, FL 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. PETER REITER

Address: 1395 CASSAT AVE, SUITE 2

JACKSONVILLE, FL 32205

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 as 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

6/27/23
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

6/27/23
Date

FILED
2023 JUL 12 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2023

CAPITAL CONNECTION, INC.

SUBJECT: JAX MEDICAL CENTER P.A.
Ref. Number: W23000093108

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

The Registered Agent's 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: 523A00015156

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TALLAHASSEE, FLORIDA