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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 : 120030000043
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
COMPLETE NEUROLOGICAL CARE OF MIAMI, P.A.

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

RECEIVED

2023 AUG -3 PM 12:09

REGISTRATION

MAIL ROOM

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Electronic Filing Menu

Corporate Filing Menu

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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: COMPLETE NEUROLOGICAL CARE OF MIAMI, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

Mailing address, if different is:

7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELLEN EDGAR - PRESIDENT

Address: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2023 AUG - 3 PM 9:45
CALL, HALL, SHERIDAN, ORIO

Address: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

ALBANY, NY 12207

(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

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

Date _____

1. Assessment : 01.07.2020

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