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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

RECEIVED

2023 SEP -1 AM 8:35

CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
Regional Medical Health Services, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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 Regional Medical Health Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

382 Northeast 191st Street, #87963

382 Northeast 191st Street, #87963

Miami, FL 33179

Miami, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is Medical services

ARTICLE IV SHARES

The number of shares of stock is 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Bradley Jay Esterman, P, S,
CFO, D

Name and Title _____

Address 7531 Estrella Circle
Boca Raton, FL 33433

Address _____

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. Phil Esterman
Address. 382 Northeast 191st Street
Miami, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name. Bradley Jay Esterman
Address 7531 Estrella Circle
Boca Raton, FL 33433

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:

Required Signature/Registered Agent
8-30-23
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
8-30-23
Date