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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
PREVENTIVE CARE, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

H23000329424

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

SUBJECT: Preventive Care, 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:** Lisa Murphy, Paralegal, Dykema Gossett PLLC

Name (Printed or typed)

112 E. Pecan Street, Suite 1800

Address

San Antonio, Texas 78205

City, State & Zip

(210) 554-5317

Daytime Telephone number

lmurphy@dykema.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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ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Preventive Care, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address
25 SW 9th St Mezzanine
Miami, FL 33130Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To provide medical services through licensed physicians and other medical professionals

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jonathan Richina, M.D., DirectorAddress: 2384 Galbreth Rd
Pasadena, CA 91104Name and Title: Jonathan Richina, M.D., PresidentAddress: 2384 Galbreth Rd
Pasadena, CA 91104

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.
Address: 515 East Park Avenue , 2nd Floor
Tallahassee, Florida 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jonathan Richina, M.D.
Address: 2384 Galbreth Rd
Pasadena, CA 91104

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

Kim Tadlock Kim Tadlock, as Asst. Secretary
Required Signature/Registered Agent

9/19/2023

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.

Jonathan Richina, M.D.
Required Signature/Incorporator Jonathan Richina, M.D., Incorporator

9/18/2023

Date

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TALLAHASSEE, FL

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