

**PA3000074780**

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: pia.eskew@ge.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**CAPTION CARE PC PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Caption Care PC, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address4 W 4th Avenue, Suite 215San Mateo, CA 94402

Mailing address, if different is:

Attention: Caption Care PC, P.A.4 W 4th Avenue, Suite 215San Mateo, CA 94402**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Practice of Medicine**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Daniel Bensimhon, M.D./DirectorAddress: 4 W 4th Avenue, Suite 215San Mateo, CA 94402Name and Title: Daniel Bensimhon, M.D./PresidentAddress: 4 W 4th Avenue, Suite 215San Mateo, CA 94402Name and Title: Daniel Bensimhon, M.D./SecretaryAddress: 4 W 4th Avenue, Suite 215San Mateo, CA 94402Name and Title: Daniel Bensimhon, M.D./TreasurerAddress: 4 W 4th Avenue, Suite 215San Mateo, CA 94402

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: C T Corporation System  
Address: 1200 South Pine Island Road Plantation,  
FL 33324

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Daniel Bensimhon, M.D.  
Address: 4 W 4th Avenue, Suite 215  
San Mateo, CA 94402

**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*

By: Stephen Rullis, VP & Asst. Secy. 10/19/2023  
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.*

DocuSigned by:  
Daniel Bensimhon, M.D.  
Required Signature/Incorporator

18-Oct-2023  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL