

P23000078248

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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FLORIDA PROFIT/NON PROFIT CORPORATION  
SH Medical Care of Florida, P.C.

Certificate of Status	0
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Corporate Filing Menu

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November 2, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FOLEY & LARDNER

SUBJECT: SH MEDICAL CARE OF FLORIDA, P.C.  
REF: W23000149777

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Altavia A Anderson  
Regulatory Specialist II

FAX Aud. #: H23000373873  
Letter Number: 723A00025535

2023 NOV -6 PM 1:20  
RECEIVED  
TALLAHASSEE, FL  
SECRETARY OF STATE

((H23000373873 3)))

**ARTICLES OF INCORPORATION  
OF  
SH MEDICAL CARE OF FLORIDA, P.A.**

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

**ARTICLE I  
Name**

The name of the corporation is **SH Medical Care of Florida, P.A.** (the "Corporation").

**ARTICLE II  
Principal Office and Mailing Address**

The Corporation's mailing address and principal place of business is:

60 Madison Avenue, 2<sup>nd</sup> Floor  
New York, NY 10010

**ARTICLE III  
Nature of Business**

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services, and own property and invest its funds as authorized by applicable Florida law.

**ARTICLE IV  
Capital Stock**

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$0.01 per share.

**ARTICLE V  
Initial Registered Agent and Office**

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, FL 33324, and the name of the Corporation's initial registered agent at that address is C T Corporation System.

2023 NOV -6 PM 1:20  
CT CORPORATION SYSTEM  
TALLAHASSEE, FL

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ARTICLE VI  
Incorporator

The name and address of the incorporator is:

Name

Address

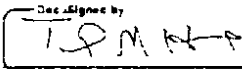
Timothy Howard, M.D.

60 Madison Avenue, 2<sup>nd</sup> Floor  
New York, NY 10010

2023 NOV -6 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FIDELITY

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.*

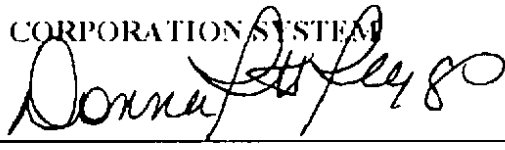
Dated this 25th day of October, 2023.

Dec. Signed by  
  
\_\_\_\_\_  
Timothy Howard, M.D.  
Incorporator

ACCEPTANCE BY REGISTERED AGENT

*Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Dated this 25th day of October, 2023.

CT CORPORATION SYSTEM  
By:   
\_\_\_\_\_  
Print Name: Donna Peterson-Riggs  
Assistant Secretary  
\_\_\_\_\_