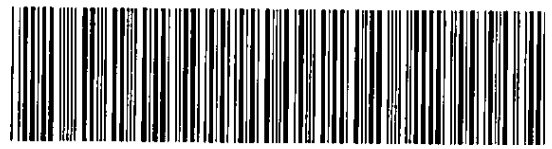


P23000084407



300418859453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RECEIVED

2023 DEC -7 AM 11:59

SECRETARY OF STATE  
DALLAS, TEXAS 75201

2023

PM 6:50



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Date: 12/06/2023

Account#: 120000000088  
For any issues please contact  
Xavian Brown  
518-213-0739

Name: Xavian Brown

Reference #: 2205809

Entity Name: COUNSEL MEDICAL GROUP, P.A.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$70.00

Signature: *XB*



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Date: 12/06/2023

Account#: I20000000088  
For any issues please contact  
Xavian Brown  
518-213-0739

Name: Xavian Brown

Reference #: 2205809

Entity Name: COUNSEL MEDICAL GROUP, P.A.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$70.00

Signature: *XB*

**COVER LETTER**

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

**SUBJECT: Counsel Medical Group, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: Ross Friedberg**  
Name (Printed or typed)

**3109 Grand Ave #225**

Address

**Miami, FL 33133**

City, State & Zip

**305-697-8006**

Daytime Telephone number

**rfriedberg@goldsandfriedberg.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**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: Counsel Medical Group, P.A.

**ARTICLE II PRINCIPAL OFFICE**

**118 Indian Lane  
Canton, MA 02021**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**The purpose of the corporation is to engage in the practice of medicine and other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and regulations.**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Muthuraman Alagappan, Name and Title: \_\_\_\_\_

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

118 Indian Lane

Canton, MA 02021

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

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

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

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

2023 JUN 17 P 16:38  
COUNSEL MEDICAL GROUP, P.A.

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: COGENCY GLOBAL INC.  
 Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Muthuraman Alagappan  
 Address: 118 Indian Lane  
Canton, MA 02021

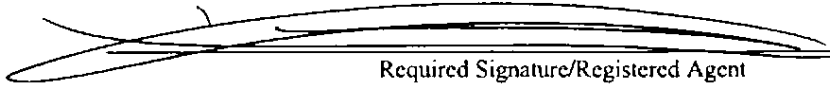
**ARTICLE VIII EFFECTIVE DATE:**

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

12-7-2023  
 \_\_\_\_\_  
 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:  
  
 \_\_\_\_\_  
 Required Signature/Incorporator

12/05/2023  
 \_\_\_\_\_  
 Date