

P24000007029

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)517-6381

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)318-3588

****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

Senior Dnc Florida, P.A.

Certificate of Status	0
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DEPARTMENT 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 NAMEThe name of the corporation shall be, Senior Doc Florida, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2592 N Santiago BlvdOrange California 92868**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: healthcare/medicine**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John M Geiss, CEO Name and Title: _____Address: 2592 N Santiago Blvd Address: _____Orange CA 92867-1862 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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: Vcorp Agent Services, Inc.Address: 1200 South Pine Island Road Plantation,FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: John M GeissAddress: 2592 N Santiago BlvdOrange CA 92867-1862**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: Miriam Nachison

Required Signature: Registered Agent

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

Date

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