

P24000014302

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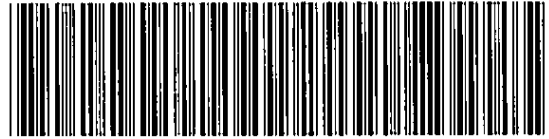
(Business Entity Name)

(Document Number)

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Date: 02/26/2024
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Name:	Quest Health, P.A
Document #:	
Order #:	15395761 - 10

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Quest Health, 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: Gregory T. Measer, Esq.

Name (Printed or typed)

50 Fountain Plaza, Suite 1700

Address

Buffalo, New York 14202

City, State & Zip

716-853-5100

Daytime Telephone number

gmeaser@lippes.com

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

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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: Quest Health, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7351 Wiles Road, Suite 104, Coral Springs, FL 33067

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To practice the profession of medicine.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph M. Palumbo, D.O., Director

Address: 7351 Wiles Road, Suite 104

Coral Springs, FL 33067

Name and Title: Joseph M. Palumbo, D.O., President

Address: 7351 Wiles Road, Suite 104

Coral Springs, FL 33067

Name and Title: Joseph M. Palumbo, D.O., Treasurer

Address: 7351 Wiles Road, Suite 104

Coral Springs, FL 33067

Name and Title: Adam Nadler, Secretary

Address: 7351 Wiles Road, Suite 104

Coral Springs, FL 33067

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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: Adam Handfinger
Address: 7351 Wiles Road, Suite 104
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

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

Name: Joseph M. Palumbo, D.O.
Address: 7351 Wiles Road, Suite 104
Coral Springs, FL 33067

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.

Declassified by
Adam Handfinger
ALAC-1600000-100

Required Signature/Registered Agent

2/26/2024

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.

Declassified by