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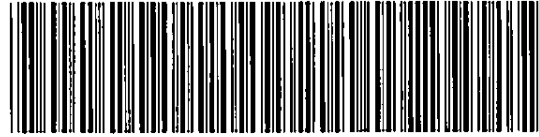
(Business Entity Name)

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/23/2024  
Acc#120160000072

*en: c Dll*

Name:	WELLNESS MEDICAL CARE , P.A.
Document #:	
Order #:	15395782

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Amount: \$ **78.75**

Thank you!

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## COVER LETTER

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

**SUBJECT:** WELLNESS MEDICAL CARE, 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, NY 14202  
City, State & Zip

716-853-5100  
Daytime Telephone number

gmeaser@lippes.com  
E-mail address: (to be used for future annual report notification)

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

STATE OF FLORIDA  
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: WELLNESS MEDICAL CARE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

433 Plaza Real, Suite 275

Boca Raton, FL 33432

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

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

Address 433 Plaza Real, Suite 275

Address: 433 Plaza Real, Suite 275

Boca Raton, FL 33432

Boca Raton, FL 33432

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

Name and Title: Peter Gillooly, Secretary

Address 433 Plaza Real, Suite 275

Address: 433 Plaza Real, Suite 275

Boca Raton, FL 33432

Boca Raton, FL 33432

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

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

Address \_\_\_\_\_

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

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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: Peter Gillooly

Address: 433 Plaza Real, Suite 275

Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph M. Palumbo, D.O.

Address: 433 Plaza Real, Suite 275

Boca Raton, FL 33432

**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*

DocuSigned by  
Peter Gillooly  
E0A17D86C054423  
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.*

DocuSigned by  
Joseph M. Palumbo, D.O.  
99C17C30CA341E  
Required Signature/Incorporator

2/22/2024  
Date  
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Date  
1/23/2024  
STATE  
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