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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: orientalmedicineny@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
WellPoint Integrative Care P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2024 MAR 12 AM 8:28

2024 MAR 12 AM 8:48

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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: WellPoint Integrative Care P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1850 S Ocean Dr, Apt 1709

Hallandale Beach, FL 33009

Mailing address, if different is:

10 Sycamore Ave

Livingston, NJ 07039

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This entity is a professional corporation organized for the purpose of providing professionally-licensed Acupuncture services.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Radislav Kats, President

Address

10 Sycamore Ave

Livingston, NJ 07039

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: Radislav Kats
Address: 1850 S Ocean Dr, Apt 1709
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Radislav Kats
Address: 10 Sycamore Ave
Livingston, NJ 07039

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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 business days prior or 90 business 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

/s/ Radislav Kats

03/11/2024

Required Signature/Registered Agent

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.

/s/ Radislav Kats

03/11/2024

Required Signature/Incorporator

Date

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