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Certified Copies		_ Certificate	s of Status
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Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/15/24 Order #: 1450615-1 Re: Duval Medical, P.A. Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## ARTICLES OF INCORPORATION OF DUVAL MEDICAL, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

#### ARTICLE I Name

The name of the corporation is Duval Medical, P.A. (the "Corporation").

### ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

2064 Park Street Jacksonville, Florida 32204

### ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services, and own property and invest its funds as authorized by applicable Florida law.

### ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$0.01 per share.

### ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office 1201 Hays Street, Tallahassee, FL 32301, and the name of the Corporation's initial registered agent at that address is Corporation Service Company.

#### ARTICLE VI Incorporator

The name and address of the incorporator is:

Name

Address

Doron Stember, M.D.

2064 Park Street

Jacksonville, Florida 32204

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this 15th day of March, 2024.

Doron Stember, M.D.

Doron Stember, M.D.

Incorporator

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this 15 day of March., 2024.

CORPORATION SERVICE COMPAN

Print Name

Title: Secretar

CSC FIN-43311