

P24000024886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

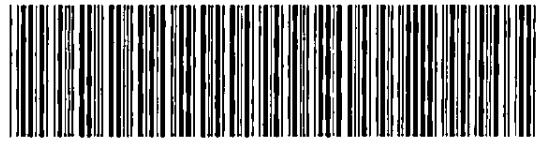
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SECRETARY OF STATE

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W24000045294



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 04/08/2024

Name: Patrice Rush

Reference #: 2303655

Entity Name: B AESTHETICS, P.A.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

PLEASE PROVIDE CERTIFIED COPY

2024 APR 20 11:10 AM
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Authorized Amount: \$78.75

Signature:



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TALLAHASSEE, FL 32301
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Other PLEASE PROVIDE CERTIFIED COPY

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COVER LETTER

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

SUBJECT: BA Medical Group, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Patrick Davoodi
Name (Printed or typed)

1875 Century Park East, Suite 1600
Address

Los Angeles, CA 90067
City, State & Zip

(626) 372-1216
Daytime Telephone number

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

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

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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: BA Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1140 Kane Concourse
Bay Harbor Islands, FL 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice of Medicine

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Salzhauer, M.D.
(Director, President, Secretary, Treasurer) Name and Title: _____

Address: 1140 Kane Concourse
Bay Harbor Islands, FL 33154 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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MAR 20 11 PM 35
CLERK

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: Cogency Global Inc.

Address: 115 North Calhoun Street, Suite 4

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Patrick Davoodi

Address: 1875 Century Park East, Suite 1600

Los Angeles, CA 90067

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

Jeremy Seims, Jeremy Seims, Assistant Secretary of Cogency Global Inc.
Required Signature/Registered Agent

3/20/2024

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.

DocuSigned by:
Patrick Davoodi
Required Signature/Incorporator

3/20/2024

Date

