

P240000624976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

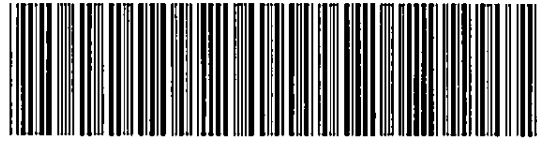
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300427365843

FILED  
APR 10 AM 9:38  
TALLAHASSEE, FL  
STATE

RECEIVED  
2024 APR -0 PM 12:06  
TALLAHASSEE, FLORIDA  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT



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: 04/09/2024

Name: Patrice Rush

Reference #: 2328098

Entity Name: NVP MEDICAL GROUP, 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

Authorized Amount: \$78.75

Signature: 

2024 APR 10 AM 9:39  
TALLAHASSEE, FL

FILED



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: 04/09/2024

Name: Patrice Rush

Reference #: 2328098

Entity Name: NVP MEDICAL GROUP, 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

Authorized Amount: \$78.75

Signature: 

2024 APR 10 AM 9:39  
STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

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

**SUBJECT:** NVP 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      ☐ \$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:** 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  
suneerc@allinremote.com  
E-mail address: (to be used for future annual report notification)

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

2024 APR 10 AM 9:39  
FILED  
DEPT OF STATE  
TALLAHASSEE FL

**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: NVP Medical Group, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
831 Beacon Street #292, Newton, MA 02459

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: Suneer Chander, M.D.  
(Director, President, Secretary, Treasurer)

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

Address 831 Beacon Street #292  
Newton, MA 02459

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
20 APR 10 AM 9:32  
CLERK OF DISTRICT COURT  
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: 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

4/9/2024  
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

4/9/2024  
Date

FILED  
2024 APR 10 AM 9:39  
TALLAHASSEE, FL