

P24000035486

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000186063 3)))



H240001860633ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

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

Email Address: SpadlinLaw@gmail.com

RECEIVED

2024 MAY 23 PM 1:31

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTERED
SERVICE

FLORIDA PROFIT/NON PROFIT CORPORATION
GULF COAST HRT, PA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED

TJH
5/28/24

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: GULF COAST HRT, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

4760 TAMiami TRAIL N.
UNIT 6

NAPLES FL 34103

Mailing address, if different is:

4760 TAMiami TRAIL N.
UNIT 6

NAPLES FL 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL PHYSICIAN MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000 COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL KAUF. D, P

Address: 4760 TAMiami TRAIL N.
UNIT 6
NAPLES FL 34103

Name and Title: STEVEN GOODMAN. D, VP, S, T

Address: 4760 TAMiami TRAIL N.
UNIT 6
NAPLES FL 34103

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

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: THE LAW OFFICES OF NICK SPRADLIN, PLLC
Address: 4300 Biscayne Blvd Suite 203
Miami, Florida 33137

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: NICKOLAS J. SPRADLIN, ESQ
Address: 4300 Biscayne Blvd Suite 203
Miami, Florida 33137


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.

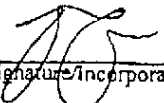
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

05/24/2024

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.


Required Signature/Incorporator

05/24/2024

Date

FILED
MAY 22 PM 1:01
DEPT. OF STATE