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Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/28/2024

Name: Patrice Rush

Reference #: 2383988

Entity Name: JASPER ONCOLOGY SERVICES FLORIDA, 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: \$100.00

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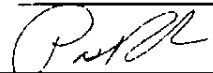
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Authorized Amount: \$100.00

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COVER LETTER

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

SUBJECT: Jasper Oncology Services Florida, 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:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$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: Caitlin Fiordirosa
Name (Printed or typed)
4210 VALLEY RIDGE BLVD STE 135
Address
PONTE VEDRA, FL 320815183
City, State & Zip
513-470-4323
Daytime Telephone number
legal@hellojasper.com
E-mail address: (to be used for future annual report notification)

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FL

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

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: Jasper Oncology Services Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4210 Valley Ridge Blvd.
Suite 135
Ponte Vedra, FL 32081-51183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kate S. Baron, President Name and Title: _____

Address 412 E 6th Street Address: _____

Dallas, TX 75203 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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JACKSONVILLE, 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: _____ Kate S. Baron
Address: _____ 412 E 6th Street
_____ Dallas, TX 75203

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

Lauren Thorne Assistant Secretary _____ 5.30.2024
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.

Kate Baron _____ 5/30/2024
Required Signature/Incorporator Date

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