

P24000041421

(Requestor's Name)

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(City/State/Zip/Phone #)

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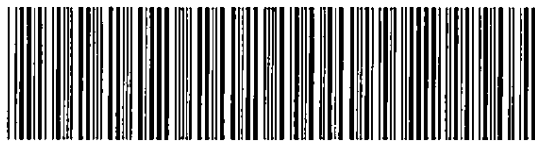
(Business Entity Name)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE *FIN 54872*

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : 06/18/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: TeleHealth Weight Loss Solutions, P.A.

✓ QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: AMANDA MILLER

EXAMINER: _____

FILED
JUN 19 2024
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION
OF
TELEHEALTH WEIGHT LOSS SOLUTIONS, 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 TeleHealth Weight Loss Solutions, P.A. (the "Corporation").

**ARTICLE II
Principal Office and Mailing Address**

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

4100 W. Kennedy Blvd.
STE 116
Tampa, FL 33609

**ARTICLE III
Nature of Business**

The purpose of the Corporation is to engage in the profession 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 \$.01 per share.

**ARTICLE V
Registered Agent Name and Address**

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

ARTICLE VI
Incorporator

The name and address of the incorporator is:

Name: Robert David Vichich, M.D.
Address: 4100 W. Kennedy Blvd.
STE 116
Tampa, FL 33609

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

Dated this ____ day of ____, 2024




Robert David Vichich, 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 ____ day of ____, 2024

CORPORATION SERVICE COMPANY

By: 

Name:

Title: