

P240000 42801

(Requestor's Name)

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☐ PICK-UP

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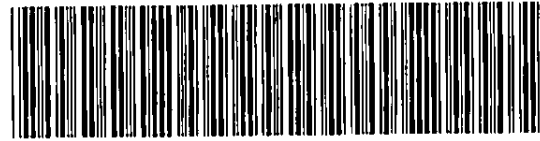
(Business Entity Name)

(Document Number)

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SECRETARY OF
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/24/2024
Acc#120160000072

mic SW

Name:	FC Clinical Services of Florida, P.A.
Document #:	
Order #:	15695173 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

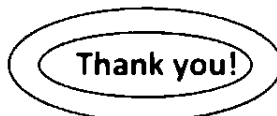
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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Email Address for Annual Report Notifications:
Drjenfrangos@gmail.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



COVER LETTER

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

SUBJECT: FC Clinical Services of 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:

☐ \$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: Jennifer Ann Frangos

Name (Printed or typed)

9825 NE 2 Ave, #530187

Address

Miami, Florida 33153

City, State & Zip

3049929622

Daytime Telephone number

Drjenfrangos@gmail.com

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: FC Clinical Services of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9825 NE 2 Ave, #530187
Miami, Florida 33153

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Ann Frangos, President

Name and Title: _____

Address 9825 NE 2 Ave, #530187

Address: _____

Miami, Florida 33153

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: C T Corporation System _____

Address: 1200 South Pine Island Road _____

Plantation, Florida 33324 _____

ARTICLE VII INCORPORATOR

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

Name: Jennifer Ann Frangos _____

Address: 9825 NE 2 Ave, #530187 _____

Miami, Florida 33153 _____

ARTICLE VIII EFFECTIVE DATE:

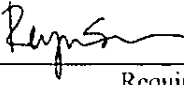
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

By: _____



Reyna Shields, Asst. Secretary

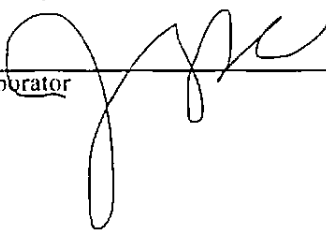
06/24/2024

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.

Jennifer Ann Frangos



Required Signature/Incorporator

06/24/2024

Date

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JACKSONVILLE, FL