

P24000053351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

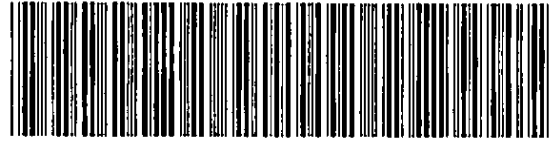
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Certified Copies _____

Certificates of Status _____

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2024 AUG 20 PM 9:47

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TALLAHASSEE, FLORIDA

2024 AUG -1 AM 11:09

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 08/01/24
Order #: 1571073-1
Re: AVAIL HEALTH MEDICAL GROUP OF FLORIDA, P.C.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED
TALLAHASSEE FL
2024 AUG 20 AM 9:47

COVER LETTER

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

SUBJECT: AVAIL HEALTH MEDICAL GROUP 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Telos Legal Corp.

Name (Printed or typed)

155 Office Plaza Dr

Address

Tallahassee, FL 32301

City, State & Zip

888-565-2837

Daytime Telephone number

misty.riley@teloslegalcorp.com

E-mail address: (to be used for future annual report notification)

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: AVAIL HEALTH MEDICAL GROUP OF FLORIDA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 Rollingwood Trail
Altamonte Springs FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of AVAIL HEALTH MEDICAL GROUP OF FLORIDA, P.A. (the "Corporation") is to engage in the practice of medicine including, but not limited to, providing professional medical services in accordance with the laws and regulations of the State of Florida governing professional corporations and the practice of medicine.

The Corporation shall be organized and operated exclusively for the purpose of rendering professional services as permitted by Chapter 621 of the Florida Statutes and any other applicable laws.

The Corporation shall at all times comply with the professional standards and ethical obligations required by the relevant licensing boards and professional organizations governing the practice of medicine. The Corporation may engage in any lawful act or activity for which professional corporations may be organized under the Florida Statutes, provided that such acts or activities are incidental to or in furtherance of the primary purpose of rendering professional medical services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo Bruce Young, MD

Name and Title: _____

CEO, Treasurer, Secretary, Sole Director

Address 140 Rollingwood Trail

Address: _____

Altamonte Springs FL 32714

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Telos Legal Corp.
Address: 155 Office Plaza Dr
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Randall Gross
Address: 4115 Blackhawk Plaza Cir, Ste 100
Danville CA 94506


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

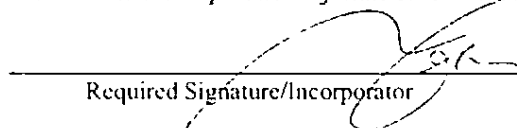
 VP and Secretary

7-30-2024

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.



Required Signature/Incorporator

7/30/2024

Date