P2500003859

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	. <u></u>	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/20/2025			~
Name:	Cheyanne Davis	-		1925 J
Reference #	2626743	_	į	2025 J.T. 21
Entity Name	LIV HEALTH ME	DICAL GROUP, P.A.	(n) ·	
✓ Article	es of Incorporation/Authorization	to Transact Business	225	[4:9:47
Amer	ndment			
☐ Chan	ge of Agent			
☐ Reins	statement			
Conv	ersion			
☐ Merge	er			
☐ Disso	olution/Withdrawal			
☐ Fictiti	ous Name			
Other	r			
Authorized A	Amount: \$70			
Signature:	Whymes aure			

COVER LETTER

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

SUBJECT:	Liv Health Medical Group, P.	A.					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
Enclosed are an ori	ginal and one (1) copy of the arti	icles of incorporation and	d a check for:				
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL CO	PY REQUIRED				
		e (Printed or typed)					
c/c	Orrick Herrington & Sutcliffe		Street, Suite 2000				
	H	Address					
В	Boston, MA 02116						
	City, State & Zip						
6	617-880-2254						
	Daytime T	elephone number					
5	support@livhealth.com						
	E-mail address: (to be used	I for future annual report r	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)

TICLE II PRIN	CIPAL OFFICE				
	Principal street address	Mailing address, if different is:			
O Lexington Gree	n Circle, Suite 410				
xington, KY 4050	3		-		
TICLE III PUR	<u>POSE</u> the corporation is organized is: Practice of	of Medicine			
e purpose for winer	the corporation is organized is.				
_					
			025		
			1.7		
	annunu <u></u>				
-			in 1		
ETICLE IV SHA e number of shares of	RES of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS				
e number of shares of	of stock is: 10,000	Name and Title:	Robert G. Darling, M.D., President/CEG		
e number of shares of	of stock is: 10,000	Name and Title: Address:			
e number of shares of startes of startes of startes of shares of startes of s	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS tte: Robert G. Darling, M.D., Director	Address:	Robert G. Darling, M.D., President/CEG		
e number of shares of startes of startes of startes of shares of startes of s	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS tte: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410	Address:	Robert G. Darling, M.D., President/CEC 220 Lexington Green Circle, Suite 410		
e number of shares of shar	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS tte: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410	Address:	Robert G. Darling, M.D., President/CEC 220 Lexington Green Circle, Suite 410		
e number of shares of shar	MAL OFFICERS AND/OR DIRECTORS tile: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 de: Robert G. Darling, M.D., Secretary	Address:	Robert G. Darling, M.D., President/CE0 220 Lexington Green Circle, Suite 410 Lexington, KY 40503		
Name and Tit	MAL OFFICERS AND/OR DIRECTORS tile: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 de: Robert G. Darling, M.D., Secretary	Address: Name and Title:	Robert G. Darling, M.D., President/CEC 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 Robert G. Darling, M.D., Treasurer/CF		
Name and Tit	MAL OFFICERS AND/OR DIRECTORS tite: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 dc: Robert G. Darling, M.D., Secretary 220 Lexington Green Circle, Suite 410	Address: Name and Title:	Robert G. Darling, M.D., President/CEC 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 Robert G. Darling, M.D., Treasurer/CF 220 Lexington Green Circle, Suite 410		
Name and Tit Address Address	MAL OFFICERS AND/OR DIRECTORS tile: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 de: Robert G. Darling, M.D., Secretary 220 Lexington Green Circle, Suite 410 Lexington, KY 40503	Address: Name and Title: Address:	Robert G. Darling, M.D., President/CEG 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 Robert G. Darling, M.D., Treasurer/CF 220 Lexington Green Circle, Suite 410 Lexington, KY 40503		
Name and Tit Address Address	MAL OFFICERS AND/OR DIRECTORS Ide: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 Ide: Robert G. Darling, M.D., Secretary 220 Lexington Green Circle, Suite 410 Lexington, KY 40503	Address: Name and Title: Address: Name and Title: Name and Title:	Robert G. Darling, M.D., President/CEC 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 Robert G. Darling, M.D., Treasurer/CF 220 Lexington Green Circle, Suite 410		
Name and Tit Address Address	MAL OFFICERS AND/OR DIRECTORS tile: Robert G. Darling, M.D., Director 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 de: Robert G. Darling, M.D., Secretary 220 Lexington Green Circle, Suite 410 Lexington, KY 40503	Address: Name and Title: Address: Name and Title: Name and Title:	Robert G. Darling, M.D., President/CEC 220 Lexington Green Circle, Suite 410 Lexington, KY 40503 Robert G. Darling, M.D., Treasurer/CF 220 Lexington Green Circle, Suite 410 Lexington, KY 40503		

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Docusign	ı Env	elope I	D: A5CD2F0)2-9B75-	456F-A28	6-29CD5F	C1EB95

Name and	Title:	Name and Title:			
Address		Address:			
	· · · · · · · · · · · · · · · · · · ·				
	REGISTERED AGENT				
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of the registered agent is:			
Name:	Cogency Global Inc.				
Address:	115 North Calhoun Street, Suite 4			207	
	Tallahassee, FL 32301		-	نت ا	· .
				1≥1 1>>	رميد دعدت: د د
ARTICLE VII 1	<u>NCORPORATOR</u>		iv).		1
The name and ad-	dress of the Incorporator is:				[] [
Name:	Jeremy Sherer		1174	Ö	
Address:	c/o Orrick Herrington & Sutcliffe LLP	<u>.</u>		- 3	
	222 Berkeley Street, Suite 2000, Boston.	, MA 02116			
ARTICLE VIII	EFFECTIVE DATE:	(ODWIONAL)			
Effective date, if c (If an effective date)	other than the date of filing:		or or 90 day	s after t	he
filing.)	•				
	inserted in this block does not meet the applica		this date wil	I not be	listed as
the document's ef	fective date on the Department of State's record	ds.			
	ed as registered agent to accept service of proces			designal	ed in this
certificate, I am fa	miliar with and accept the appointment as regis	stered agent and agree to act in thi	is capacity		
	20 Milale		1/20/2	2025	<u>.</u>
	Required Signature/Registered Agent			Date	
	iment and affirm that the facts stated herein a Department of State constitutes a third degree fel			on subm	itted in a
	Jeremy Sherer		1/18/202	5	
Required Signatur		Date	;		