

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

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE :

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

[Handwritten Signature]

2025 JAN 24 PM 9:47

FILED

DOMESTIC FILING

NAME: JMP Medical, P.A.

EFFECTIVE DATE:

- ☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: JMP Medical, 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

2025 JAN 21 AM 9:47

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FROM: Paul D. Squire, Esq.

Name (Printed or typed)

Polsinelli, P.C., 600 Third Avenue, 42nd Floor

Address

New York, New York 10016

City, State & Zip

646-289-6513

Daytime Telephone number

paul@remedymeds.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: JMP Medical, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
111 Town Square Place, Suite 123
Jersey City, NJ 07310

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 common shares with \$.001 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph M. Palumbo, D.O., President

Address: 111 Town Square Place, Suite 123
Jersey City, NJ 07310

Name and Title: Joseph M. Palumbo, D.O., Treasurer

Address: 111 Town Square Place, Suite 123
Jersey City, NJ 07310

Name and Title: Joseph M. Palumbo, D.O., Secretary

Address: 111 Town Square Place, Suite 123
Jersey City, NJ 07310

Name and Title: Joseph M. Palumbo, D.O., Sole Director

Address: 111 Town Square Place, Suite 123
Jersey City, NJ 07310

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph M. Palumbo, D.O.
Address: 584 Clinton Lane
Highland Heights, Ohio 44143

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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

Shauna Godbolt

01/30/25
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.

Dr. Joseph Palumbo

Required Signature/Incorporator
01/21/2025
Date