

PO3000072374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

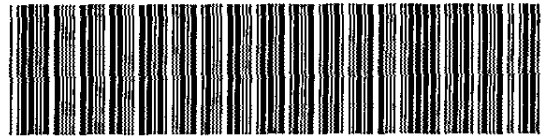
(Business Entity Name)

(Document Number)

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06/18/03--01014--005 **78.75

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03 JUN 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mm 7/1



June 15, 2003

State of Florida
Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

Dear Division of Corporations:

Healthcare Facilitators has been requested by Gopinath S. Sunil MD, G. Sunil MD P.A MD, to forward the attached Articles of Incorporation and payment for incorporation for your review and processing.

If you have any questions, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Fran LaVallette
Facilitator



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 20, 2003

HEALTHCARE FACILITATORS
820 GROVESMERE LOOP
OCOE, FL 34761

SUBJECT: G. SUNIL, M.D. PA
Ref. Number: W03000017754

We have received your document for G. SUNIL, M.D. PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 203A00037999

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

G. Sunil MD P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14466 Indigo Lakes Circle
Naples, Florida 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice specializing in
endocrinology

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Gopinath S. Sunil MD
14466 Indigo Lakes Circle
Naples, Florida 34119

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Gopinath S. Sunil MD
14466 Indigo Lakes Circle
Naples, Florida 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gopinath S. Sunil MD
14466 Indigo Lakes Circle
Naples, Florida 34119

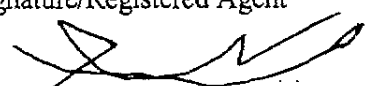
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/25/03

Date



Signature/Incorporator

6/25/03

Date