TRANSMITTAL LETTER

P95000005827

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

900001385929
-01/20/95--01090--001
****122.50 ****122.50

SUBJECT: PRAVINCHANDRA ZALA MD PA
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 ☐ $78.75 ☒ $122.50 ☐ $131.25

FROM: PRAVINCHANDRA ZALA MD
Name (printed or typed)

339 East Robertson St
Address

Brandon, Fl-33511
City, State & Zip

(813)654-7030
Daytime Telephone number

FILED
1995 JAN 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

$CHB 1/24/95 P95-5827

NOTE: Please provide the original and one copy of the articles.

FILED
1995 JAN 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

PRAVINCHANDRA ZALA MD PA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act 621, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PRAVINCHANDRA ZALA MD PA

ARTICLE II PRINCIPAL OFFICE AND NATURE OF BUSINESS

The principal place of business and mailing address of this corporation shall be:

339 East Robertson St, Brandon, Fl 33511

NATURE OF BUSINESS: Medical Practitioner

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pravinchandra Zala 339 E.Robertson St, Brandon, Fl-33511

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pravinchandra Zala 339 E.Robertson St, Brandon Fl-33511

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of JAN, 1995.

X Pravin Zala
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PRAVINCHANDRA ZALA MD PA

2. The name and address of the registered agent and office is:

Pravinchandra Zala
(Name)

339 E.Robertson St
(P.O. Box not acceptable)

Brandon, Fl-33511
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Pravin Zala
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL