

P99000067976

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000018895 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 30 PM 2:01

FILED

FLORIDA PROFIT CORPORATION OR P.A.

ANNAPOORNA ARUNACHALAM M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
OF

ANNAPOORNA ARUNACHALAM, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: **ANNAPOORNA ARUNACHALAM M.D., P.A.**

The principal place of business of this corporation shall be: **2925 10th AVENUE NORTH, STE. 201, LAKE WORTH, FL 33461**
MEDICAL DOCTOR OFFICE

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: **500 SHARES OF \$ 1.00 EACH**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ANNAPOORNA ARUNACHALAM 2925 10th AVE. NORTH, STE. 201, LAKE WORTH, FL 33461

FILED
99 JUL 30 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

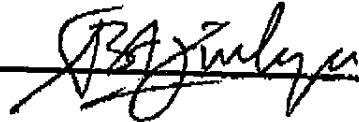
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ARVIND B. AJINKYA 4524 GUN CLUB ROAD, # 102, WEST PALM BEACH, FL 33415

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 28th day of JULY, 1998

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

ANNAPOORNA ARUNACHALAM M.D., P.A.

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

ARVIND B. AJINKYA 4524 GUN CLUB ROAD, # 102,

(P.O. BOX NOT ACCEPTABLE)

WEST PALM BEACH, FLORIDA 33415

(CITY/STATE/ZIP)

SIGNATURE 

TITLE INCORPORATOR

DATE 7/28/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 7/28/99

FILED
 1999 JUL 30 PM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA