

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**

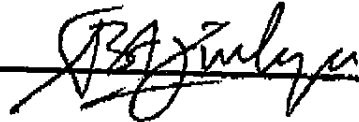
ARTICLE VI INCORPORATOR(S)

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:

ANNAFORNA 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)

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

SIGNATURE *Arvind B. Ajinkya*

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 *Arvind B. Ajinkya*

DATE 7/28/99