

P9600002000  
Sheela Kutty  
8444 Thrasher Ct.  
New Port Richey, Fl. 34654

February 12, 1996

Secretary of State  
Corporation Division  
409 E. Gaines St.  
Tallahassee, Florida 32399


Re: Professional Center for Internal Medicine, Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation together with my check in the amount of \$70.00.

This represents the cost of the Filing fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

  
Sheela Kutty

600001721886  
-02/22/96--01100--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00


Professional Center for Internal Medicine, Inc.

Mailing address of the corporation

8444 Thrasher Ct.  
New Port Richey, Fl. 34654

Tel: 813/844-0621

FILED  
96 MAR -5 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
2-22-96  
W96-4153



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

February 23, 1996

SHEELA KUTTY  
8444 THRASHER COURT  
NEW PORT RICHEY, FL 34654

SUBJECT: PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC.  
Ref. Number: W96000004153

We have received your document for PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return 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 (904) 487-6933.

Dana Farmer  
Document Specialist

Letter Number: 496A00008042

## TRANSMITTAL LETTER

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

SUBJECT: Professional Center for Internal Medicine, Inc.  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**Additional Copy Required**

FROM: Sheela Kutty  
Name (printed or typed)

8444 Thrasher Ct.  
Address

New Port Richey, Fl. 34654  
City, State & Zip

813/863-5449  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

FILED  
96 MAR -5 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

### ARTICLE I NAME

The name of the corporation shall be:

Professional Center for Internal Medicine, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

8444 Thrasher Ct.  
New Port Richey, Fl. 34654

### ARTICLE III SHARES

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

5,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carl Amato  
9129 Jiminez Dr.  
Hudson, Fl. 34669

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Sheela Kutty  
8444 Thrasher Ct.  
New Port Richey, Fl. 34654

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

29 <sup>th</sup> day of February, 19 96.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Professional Center for Internal  
Medicino, Inc.

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

Carl Amato  
(NAME)  
9129 Jiminez Dr.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Hudson, Fl. 34669  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Carl Amato  
(SIGNATURE)

2-29-96  
(DATE)