

**N04000003911**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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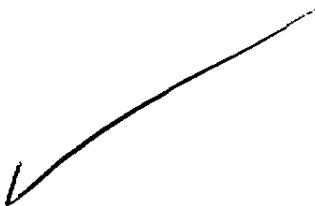
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04/15/04--01036--011 \*\*78.75

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TALLAHASSEE, FLORIDA



# LINDSAY, ANDREWS & LEONARD

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

5218 WILLING STREET  
MILTON, FLORIDA 32570

ALLEN W. LINDSAY, JR.\*  
ROY V. ANDREWS  
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\* ALSO ADMITTED IN ALABAMA  
\*\* ALSO ADMITTED IN ALABAMA & CALIFORNIA

(850) 623-3200  
939-9095  
FAX (850) 623-0104

REPLY TO:  
POST OFFICE BOX 388  
MILTON, FLORIDA 32572

April 13, 2004

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Gulf Coast Indian Physicians Association  
Not for Profit Corporation

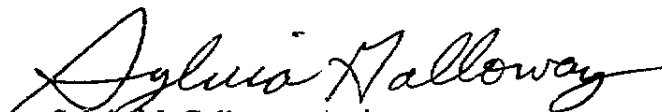
Dear Sir:

Enclosed herewith please find the original and one (1) copy of the Articles of Incorporation of Gulf Coast Indian Physicians Association, not for profit corporation, together with a check in the amount of \$78.75 representing:

Corporate Filing Fee	\$35.00
Certified Copy	8.75
Registered Agent Designation	<u>35.00</u>
TOTAL	\$78.75

Should you have any questions or comments, please do not hesitate to contact the undersigned. Thank you for your assistance in this matter.

Sincerely,



Sylvia M. Galloway, Assistant to  
Allen W. Lindsay, Jr.

/sg  
Enclosures

**ARTICLES OF INCORPORATION**  
**OF**  
**GULF COAST INDIAN PHYSICIANS ASSOCIATION**  
**NOT FOR PROFIT CORPORATION**

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**ARTICLE I - NAME**

The name of the corporation not for profit is **GULF COAST INDIAN PHYSICIANS ASSOCIATION. Inc.**

**ARTICLE II - DURATION**

The duration of the corporation shall be perpetual. Existence of the corporation shall commence on the date of execution and acknowledgment of these articles.

**ARTICLE III - PURPOSES**

This corporation is organized for the purpose of providing medical and educational services and activities to poor and/or uninsured persons, services to the community and the needy of Asian countries.

**ARTICLE IV - INITIAL REGISTERED AGENT**

The street address of the initial registered office and the principal office of this corporation is 5553 Highway 90, Pace, Florida, and the name of the initial registered agent of this corporation at that address is Purushottam Kumar Garg.

**ARTICLE V - INITIAL BOARD OF DIRECTORS**

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one. The names and addresses of the initial directors of this corporation are:

NAME

ADDRESS

Purushottam Kumar Garg, M.D.

5553 Highway 90  
Pace, Florida 32571

Nirmal Singh, M.D.

West Florida Hospital  
8333 Davis Highway  
Pensacola, Florida 32514

Kaberi Samanta, M.D.

3729 Mackey Cove Drive  
Pensacola, Florida 32514

**ARTICLE VI - INCORPORATORS**

The name and address of the person signing these articles is:

NAME

ADDRESS

Purushottam Kumar Garg, M.D.

5553 Highway 90  
Pace, Florida 32571

**ARTICLE VII - BY-LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

**ARTICLE VIII - AMENDMENT**

The members of this corporation reserve the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the members is subject to this reservation as set out in F.S. 617.1002.

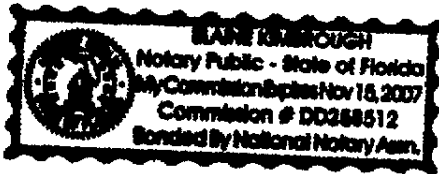
IN WITNESS WHEREOF, I, Purushottam Kumar Garg the undersigned subscriber and incorporator of this corporation have executed these Articles of Incorporation this 8th day of April, 2004.

P. K. Garg  
Purushottam Kumar Garg, M.D., As Director

STATE OF FLORIDA )

COUNTY OF SANTA ROSA )

The foregoing Articles of Incorporation were acknowledged before me this 2<sup>nd</sup> day of April, 2004, by Purushottam Kumar Garg, M.D., (who is personally known to me) who produced valid identification in the form of \_\_\_\_\_.



Elaine Kimbrough  
Notary Public  
Print Name Elaine Kimbrough  
Commission No. DD258512  
My Commission Expires Nov. 15, 2007

**ACCEPTANCE OF REGISTERED AGENT**

I, Purushottam Kumar Garg, M.D., hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

P. K. Garg  
Purushottam Kumar Garg, M.D.

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