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(City/State/Zip/Phone #)

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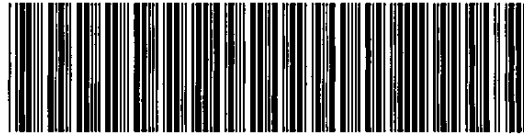
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA

## COVER LETTER

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

SUBJECT: POCC Foundation 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: POCC Foundation Inc.  
Name (Printed or typed)

PO Box 1807  
Address

Zephyrhills, FL 33539  
City, State & Zip

813-779-3920  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

POCC Foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

38156 Medical Center Dr PO Box 1807  
Zephyrhills, FL 33540 Zephyrhills, FL 33539

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate exclusively for charity, scientific and educational purposes, To solicit and raise funds and endowments to further objectives, To identify specific unattended points of need to promote health care in deprived local areas,

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Two members shall be the Foundation Chairman and Foundation Administrator. The remaining Trustees will be selected from the community and shall be nominated by the Board of Trustees.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

see attached

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. W. G. Hollyfield  
35614 Welby Ct.  
Zephyrhills, FL 33541-9135

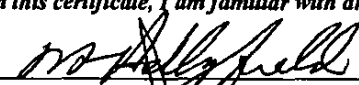
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Hasan Hashmi, M.D.  
38156 Medical Center Dr.  
Zephyrhills, FL 33540

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

7-18-06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-18-06  
\_\_\_\_\_  
Date

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS-**

**Dr. Hasan Hashmi, M.D.  
38156 Medical Center Dr.  
Zephyrhills, FL 33539  
Foundation Chairman**

**Dr. W.G. Hollyfield, D.Min.  
35614 Welby Ct.  
Zephyrhills, FL 33541  
Foundation Administrator**

**Suleman Hashmi  
38156 Medical Center Dr.  
Zephyrhills, FL 33539  
Trustee**

**Dennis Alfonso, P.A.  
PO Box 4  
Dade City, FL 33526  
Trustee**

**Glen Greenfelder, P.A.  
14217 3<sup>rd</sup> St.  
Dade City, FL 33523  
Trustee**

**Dr. Harvey Feld, M.D.  
W. Central FL Pathology Assoc.  
16111 Ancroft Ct.  
Tampa, FL 33647  
Trustee**

**Rev. A.C. Bryant  
Trinity Methodist Church  
33405 SR 54  
Wesley Chapel, FL 33544**

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