

N19000011099

Pennington P.A. (Stephanie G.)
(Requestor's Name)

215 S. Monroe Street #200
(Address)

(Address)

Tallahassee, FL, 32301, ~~(850) 222-3533~~

(City/State/Zip/Phone #)

850-222-3533

☒ PICK-UP ☐ WAIT ☐ MAIL

Pennington P.A.

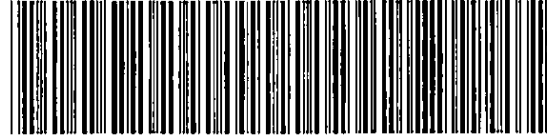
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2019
K. Brumpley

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Interventional Masters in Private Practice, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1324 Lakeland Hills Blvd.

Lakeland, FL 33805

Mailing address, if different is:
P.O. Box 95448

Attn: Lois Hitt, Radiology Business Asst.

Lakeland, FL 33804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For charitable purposes and to promote the common business interest of endovascular specialists and to improve business conditions within the industry.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry Whitney - Director

Address: 19114 Saint Emilion Court
Lutz, FL 33558

Name and Title: Jong Park - Director

Address: 403 South Willow Ave., Unit D
Tampa, FL 33606

Name and Title: Fakhir Elmasri - Director

Address: 802 Hanover Way
Lakeland, FL 33813

Name and Title: _____

Address: _____

Name and Title: Venkat Tummala - Director

Address: 5017 Shore Side Drive
Lakeland, FL 33812

Name and Title: _____

Address: _____

2019 OCT 21 AM 9:05
SECRETARY
TALLAHASSEE, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kimberly Crowell, Esq.

Address: 215 S. Monroe St., 2nd Floor
Tallahassee, FL 32301

2019 OCT 21 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Crowell, Esq.

Address: 215 S. Monroe St., 2nd Floor
Tallahassee, FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Kimberly Crowell
Required Signature of Registered Agent

10/21/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kimberly Crowell
Required Signature of Incorporator

10/21/2019
Date