TRANSMITTAL LETTER

P00000017177

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

| SUBJECT: | BAY | AREA | INFECTIOUS | DISEASE | CENTER | JINC- | | |
|----------|-----|------|---------------------|-------------------|-------------|-----------|----------|------|
| | - 1 | | (Proposed corporate | name - must incli | ıde suffix) | | | - |
| | | | | | -5000 | 03122 | <u> </u> | |
| | | | | | -02 | 2/03/000 | 10720 | 03 - |
| | | | | | | ****87.50 | *****8 | |

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

| FROM: | NEEDAM UPPAL, MD. | | | |
|-------|--------------------------|--------------|-----------|----|
| • | Name (Printed or typed) | | , | |
| | | | | |
| | 10017, 84Th, ST. N. | ₹ | - | |
| | Address | | 8 | |
| | | 2 8 | 00 FEB | |
| | LARGO FL -33777 | ASSE MSSE | | Ξ |
| | City, State & Zip | m~ | | ED |
| | | | × | نب |
| | 727-545-1440 | FLOR | S: 22 | |
| | Daytime Telephone number | Dr. | , <u></u> | |

TB

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 9, 2000

NEELAM UPPAL M.D. 10017, 84TH ST. N LARGO, FL 33777

SUBJECT: BAY AREA INFECTIOUS DISEASE CENTER, INC.

Ref. Number: W0000003488

We have received your document for BAY AREA INFECTIOUS DISEASE CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of 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 (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 700A00006603

| | | | - > | | | | | | | |
|---|----|-----|-----|-----|-----------|-----|-----|----|------|----|
| Ê | L) | RT. | ICI | LES | OF | INC | ORF | OR | ATIC | NC |

| ARTICLES OF | INCOM ORATIC | 314 | | |
|----------------------------|---|---|--|--|
| | | f forming a corporation und lowing Articles of Incorpord | | OO FEB SECRET |
| ARTICLE I | NAME | | | 23 ZT 1 |
| The name of the cor | | • | <u></u> | FILED 17 PI ARY OF SSEE. |
| | • | | | |
| BAY | AREA INFECTIOU | S DISEASE CEN | TER, INC | PM 12: 5 |
| | PRINCIPAL OFFICE | | , | |
| | | address of this corporation | n shall be | 10 A. S. C. |
| PLACE OF E | BUSINASE | | | |
| 567A. 51:7h | A. (~ A.) | MAILING ADDRESS | and the second of the second o | |
| KENNETH A. | RVE. JOI | 10017, 84th ST. A LARGO, FL - 337 | J. | . 15 |
| ARTICLE III | /, FC = 33709 · · · · · · · · · · · · · · · · · · · | LARGO, EC -337 | 77 | |
| The number of share | es of stock that this cornc | oration is authorized to ha | ve outstanding at any | one time is: 15 a |
| | | | or outside the territory | one different (8/06) |
| | | | | |
| | | | | |
| ARTICLE IV | INITIAL REGISTE | RED AGENT AND S | TREET ADDRES | S |
| | | itial registered agent are: | | _ |
| | MEELAM UPPAL | <i>3</i> | | * . * . ***** |
| l | 0017, 84th St. N. | | | |
| Ĺ | argo, fl. 33777 | | | |
| ARTICLE V | INCORPORATOR | | | |
| | | these Articles of Incorp | oration are: | e e promoto de la companio della com |
| | LAM UPPAL, M | • | | |
| • | • | J | | |
| 1001 | 7, 84Th ST. N. | | | · · · <u></u> |
| LARC | 10, FL-33777 | en e | s see a see | us i visit e e e e e e e e e e e e e e e e e e e |
| 11. | u n - 1 | | 1.100 | |
| | re/Incorporator | | 10 99 | |
| Signarit | re/ancorporator | | Date | |
| EFFECTI | SE DATE -HE | 19 2/14/00 | | |
| | (An additional articles | must be added if an effect | | |
| , | (All additional article I | nust be added if an effect | ive date is requested.) | |
| | | | | |
| Having been named as re | egistered agent and to accept | service of process for the abo | ove stated cornoration at ti | he place designated in this |
| certificate, I hereby acce | pt the appointment as registe | ered agent and agree to act i | n this capacity. I further | agree to comply with the |
| provisions of all statute. | s relating to the proper and | d complete performance of n | ny duties, and I am fami | iliar with and accept the |
| obligations of my position | 1 as registered agent | | . | |
| A7, | LOBO A | | HILLA SI | 14/00 |
| Signature | Registered Agent | Men will be change builty in the dis- | TOO DI | <u> </u> |
| NEELAV | N UPPAL | ÷ . | Date | , |
| 10017. | 84 th St. N. | | | - _ |
| Largo | 84 th St. N., FL-33777 | | | a |
| 0 | , | | | |