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

SUBJECT: FATIMA P.REGENCIA MD PA (Proposed corporate name – must include suffix)

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

(2) \$70.00

() \$78.75

() \$122.50

() \$131.25

FROM:

FATIMA P.REGENCIA

205 W.M.L.KING BLVD.STE#101

TAMPA, FL-33603 City, State, & Zip

<u>(813)</u>238-2204

Daytime Telephone Number .

W 4385



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 17, 2000

FATIMA P. REGENCIA 205 W. M. L. KING BLVD., STE. 101 TAMPA, FL 33603

SUBJECT: FATIMA P. REGENCIA MD PA

Ref. Number: W0000004385

We have received your document for FATIMA P. REGENCIA MD PA 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 specific nature of business of the professional association must be stated in the document.

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) 487-6927.

Tracy Smith **Document Specialist** 

Letter Number: 200A00008531

See highlighted item under Article II

R. G. RAJU, MS., C.P.A. 8910 N. Dale Mabry #38 Tampa, FL 33614

please call me it you have any questions conterning this matter my phone (813) 931-7258

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# **Articles of Incorporation**

## Of

## **FATIMA P.REGENCIA MD PA**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act 621, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

FATIMA P.REGENCIA MDPA

## ARTICLE II PRINCIPAL OFFICE & NATURE OF BUSINESS

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

205 W M.L.KING BLVD, SUITE #101 TAMPA,FL-33603

NATURE OF BUSINESS: MEDICAL SERVICES

#### ARTICLE III SHARES

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

100 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

FATIMA P.REGENCIA 205.W.M.L.KING BLVD,Suite#101 TAMPA,FL-33603

# ARTICLE V INCORPORATOR(S)

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

FATIMA P.REGENCIA 205 W.M.L.KING BLVD, Ste#101 TAMPA,FL-33603

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

9 th Day of Pebruary, 2000\_

مقعوي

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF

# REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: FATIMA P.REGENCIA MD PA
- 2. The name and address of the registered agent and office is:

FATIMA P.REGENCIA 205 W.M.L.KING BLVD BLVD, STE 制 101 TAMPA, FL-33603 FILED

00 FEB 29 PM 1: 36

SECRETARY OF STATE
AND ANASSFE, FLANDA

Having been named as the 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.

222005

Signature