

P00000035570

Requester's Name

Address

PHYSICIANS MEDICAL LABORATORY, INC.  
5401 KIRKMAN ROAD, SUITE 325  
ORLANDO, FL 32819

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

200003183272--6  
-03/24/00--01077--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 APR - 6 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN APR - 7 2000

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 29, 2000

PHYSICIANS MEDICAL LABORATORY, INC.  
5401 KIRKMAN ROAD, SUITE 325  
ORLANDO, FL 32819

SUBJECT: PHYSICIANS MEDICAL LABORATORY, INC.  
Ref. Number: W00000008392

We have received your document for PHYSICIANS MEDICAL LABORATORY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 700A00017263

**PHYSICIANS MEDICAL LABORATORY L L C**

IN CONSIDERATION OF THE PREMISES AND OTHER GOOD AND VALUABLE  
CONSIDERATION THE UNDERSIGNED BEING THE MEMBERS AND OWNERS OF  
PHYSICIANS MEDICAL LABORATORY LLC HEREBY ASSIGN TO PHYSICIANS  
MEDICAL LABORATORY INC THE RIGHT TO USE THE NAME PHYSICIANS  
MEDICAL LABORATORY.

  
SURESH K GUPTA

MEMBER: PHYSICIANS MEDICAL LABORATORY LLC

DATE: 3.13.00

  
ABHAY GOEL

MEMBER: PHYSICIANS MEDICAL LABORATORY LLC

DATE: 3.13.00

**ARTICLES OF INCORPORATION  
OF  
PHYSICIANS MEDICAL LABORATORY II, INC.**

**FILED**  
00 APR -6 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator, desiring to form a corporation for profit pursuant to the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation :

**ARTICLE 1 - NAME**

The name of this corporation is PHYSICIANS MEDICAL LABORATORY II, INC. The mailing address for the corporation is 5401 KIRKMAN ROAD SUITE 325, ORLANDO, FLORIDA 32819.

**ARTICLE 2 - DURATION**

This corporation shall begin its corporate existence as of the filing of these Articles of Incorporation and shall exist perpetually unless dissolved by operation of law.

**ARTICLE 3 - GENERAL PURPOSE**

This corporation is organized for the purpose of transacting any and all lawful business authorized and not prohibited by the Florida General Corporation Act, as the same may be from time amended.

**ARTICLE 4 - CAPITAL STOCK**

This corporation is authorized to issue Twenty Thousand ( 20,000 ) shares of capital stock, which shall be designated Common stock with a par value of One Dollar ( \$1.00 ). The Directors of the corporation are authorized and empowered to issue the capital stock as they in their discretion shall determine.

## **ARTICLE 5 - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office is 5401 KIRKMAN ROAD, SUITE 325, ORLANDO, FLORIDA 32819, and the name of the initial registered agent of this corporation at that address is Suresh K. Gupta.

## **ARTICLE 6 - INITIAL BOARD OF DIRECTORS**

- A. This corporation shall have one ( 1 ) director initially.
- B. The number of director of this corporation may be increased or decreased from time to time pursuant to the bylaws a adopted by the shareholders.
- C. The name and address of the initial member of the Board of Director who shall hold office until their successors are duly elected and qualified are;

NAME	ADDRESS
Suresh K. Gupta	5401 Kirkman Road , Suite 325 Orlando, Fl. 32819
President & Secretary	

## **ARTICLE 7 - INCORPORATOR**

The name and address of the Incorporator of this corporation is ;

Suresh K. Gupta    5401 Kirkman Road, Suite 325, Orlando Florida 32819

## **ARTICLE 8 - BYLAWS**

The power to adopt, alter or appeal the Bylaws shall be vested in the Board of Directors.

## ARTICLE 9 - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by the Florida General Corporate Act.

## ARTICLE 10 - AMENDMENT


This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned has executed these Articles Orlando, Florida this 15<sup>th</sup> day of MARCH 2000.

  
SURESH K. GUPTA

State of Florida  
County of Orange

The following instrument was acknowledged before me this 15 day of March 2000, by Suresh K. Gupta, who personally known to me and who did not take an oath.

  
Notary Public

CAROLYN R. JHURILAL  
Printed Name


My commission expires :



**FILED**  
00 APR -6 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AGENT ACCEPTANCE BY REGISTERED**

Having been as named registered agent for the above stated corporation at the place designated in the Articles of Incorporation , I hereby agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
\_\_\_\_\_  
SURESH K. GUPTA