

## TRANSMITTAL LETTER

P000000103098

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

FILED  
NOV - 1 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: PRADIP. M. MEHTA, MD P.C.  
(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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Please return the photocopy to me with the filing date stamped on it.

600003435866--7  
-10/23/00--01129--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM: PRADIP. M. MEHTA, MD PC  
Name (printed or typed)  
P.O. Box 1405  
Address  
TAVERNIER, FL - 33070.  
City, State & Zip  
(305) 664-0064  
Daytime Telephone Number

W-25648  
10-24  
10-2



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

**FILED**  
00 NOV -1 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 24, 2000

PRADIP. M. MEHTA M.D. P.C.  
PO BOX 1405  
TAVERNIER, FL 33070

SUBJECT: PRADIP. M. MEHTA M.D. P.C.  
Ref. Number: W00000025648

We have received your document for PRADIP. M. MEHTA M.D. P.C. 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 only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 487-6929.

Joey Bryan  
Document Specialist

Letter Number: 700A00055558

## Articles of Incorporation

Professional Association

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1. The name of the corporation shall be: PRADIP, MEHTA, P.A.
2. The purpose for which this corporation is organized is to do business as allowed by laws of FLORIDA for medical practice.
3. The principal place of business and mailing address of the corporation is: 83266 OVERSEAS HWY SUITE 500 ISLAMORADA, FL 33036.
4. The corporation shall have the authority to issue 5000 shares of common stock, in one class only, each with a par value of \$ 1.00.
5. The registered agent of the corporation is PRADIP, MEHTA and the registered street address is 83266 O/S HWY, Suite 500, Florida 33036.
6. The initial Board of Directors shall have One member(s) whose name(s) and address(es) is/are as follows: PRADIP, M. MEHTA, MD
- The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
7. The incorporator of this corporation is PRADIP, MEHTA whose street address is 83266 O/S HWY, Suite 500, ISLAMORADA, FL-33036.

Dated 10-06-2000

Pradip Mehta  
Incorporator

Having been named as 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 am familiar with and accept the obligations of my position as registered agent.

Dated 10-06-2000

Pradip Mehta  
Registered Agent