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Transmittal Letter

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

FILED  
01 JAN 11 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300003533443--9  
-01/11/01--01093--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: RUH A.AFRIDI 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:

☒ \$70.00   ☐ \$78.75   ☐ \$122.50   ☐ \$131.25

FROM: RUH A.AFRIDI

Name (printed or typed)

3004 BARRET AVE

Address

PLANT CITY, FL-33567

City, State, & Zip

813-764-0221

Daytime Telephone Number

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

# Articles of Incorporation

Of

**RUH A.AFRIDI MD PA**

**FILED**  
01 JAN 11 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

RUH A. AFRIDI MD PA

## ARTICLE II PRINCIPAL OFFICE

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

3004 BARRET AVE, PLANT CITY, FL-33567

NATURE OF BUSINESS: MEDICAL PRACTICE

## 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

RUH A.AFRIDI  
3004 BARRET AVE  
PLANT CITY, FL-33567

## Article V - Incorporator(s)

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

RUH A.AFRIDI  
3004 BARRET AVE  
PLANT CITY,FL-33567

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

9<sup>th</sup> Day of JANUARY 2001

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

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:

**RUH A.AFRIDI MD PA**

2. The name and address of the registered agent and office is:

**RUH A.AFRIDI  
3004 BARRET AVE  
PLANT CITY,FL-33567**

*Having been named as the registered agent and to accept service of process for the above*

  
\_\_\_\_\_  
Signature

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314