

TRANSMITTAL LETTER

PO10000021877

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

SUBJECT: _____

(Proposed corporate name - must include suffix)

300003508433--1
-12/20/00--01027--004
*****70.00 *****70.00

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

LWR FINANCIAL SERVICES

— 7326 Lake Worth Road
— Lake Worth, FL 33467

City, State & Zip

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FL 32314

01 FEB 28 AM 11:01

FILED

Feb
3/1

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

W01-1099
W-30289

(4)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 16, 2001

LWR FINANCIAL SERVICES
7326 LAKE WORTH ROAD
LAKE WORTH, FL 33467

SUBJECT: JANIKAMMA KOTHALANKA, M.D., P.A.
Ref. Number: W01000001099

We have received your document for JANIKAMMA KOTHALANKA, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NO ARTICLES RECEIVED WITH LETTER. PLEASE MAKE THE NECESSARY CORRECTIONS.

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) 487-6926.

Gina Bullock
Document Specialist

Letter Number: 401A00002304

January 10, 2001

Florida Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Janikamma Kothalanka, M.D. P.A.
7318 Lake Worth Road
Lake Worth, FL 33467
Ref. Number W00000030289

Affidavit

I, Janikamma Kothalanka, the sole officer of the above named corporation have filed the Application For Tax Clearance Certificate with the State of New Jersey, Division of Taxation, POB 269, Trenton, NJ 08695-0269 to close this corporation in the State of New Jersey effective the end of the year, December 31, 2000. I have found that since I wish to continue my practice in the State of Florida it is advantageous to become a Florida domestic corporation rather than a Florida foreign corporation. Hence, I wish to complete the incorporation in the State of Florida using the above named corporation.

Sincerely,

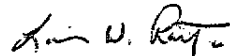

Janikamma Kothalanka M.D.

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 10th day of January, 2001, by Janikamma Kothalanka, who is personally known to me or who produced _____ as identification.



Louis W. Ratfield
MY COMMISSION # CC932865 EXPIRES
May 1, 2004
BONDED THRU TROY PAIN INSURANCE, INC.


Notary Public - State of Florida
Print Name: Louis W. Ratfield
My Commission Expires: 5.1.04
Commission Number: CC932865

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JANIKAMMA KOTHALANKA, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

7318 LAKE WORTH ROAD, LAKE WORTH, FL 33467

ARTICLE III NATURE OF BUSINESS

INTERNIST-Medical

ARTICLE IV SHARES

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

100 shares of Class A common voting stock at \$1.00 par value per share

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LOUIS W. RATFIELD
7318 Lake Worth Road
Lake Worth, Fl 33467

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JANIKAMMA KOTHALANKA
7318 LAKE WORTH ROAD
LAKE WORTH, FL 33467



Signature/Incorporator

2.23.01

Date

(An additional article must be added if an effective date is requested.)

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 I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

2.23.01

Date

FILED
01 FEB 28 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA