

TRANSMITTAL LETTER

P00000035117

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

900005154549--0

-03/25/02--01084--014

*****78.75 *****78.75

SUBJECT: ENT HEAD & NECK SURGERY, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: SALEEM I. NAVIWALA, M.D.
Name (Printed or typed)

18317- BANKSTON PLACE STE-1
Address

TAMPA - FLORIDA - 33647
City, State & Zip

813-618 0027
Daytime Telephone number

FILED
2002 MAR 25 PM 1:59
TALLAHASSEE, FLORIDA

SMITH APR 01 2002

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

2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ENT HEAD & NECK SURGERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18317- BANKSTON PLACE
TAMPA, FL - 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct ^{CLINIC/} BUSINESS of EAR NOSE & THROAT, HEAD & NECK DISEASES
DIAGNOSIS, TREATMENT EVALUATIONS IN CLINICAL SETTING.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SALEEM I. NAVIWALA, MD., DIRECTOR.

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2002 MAR 25 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DR. SALEEM ISMAIL NAVIWALA
18317- BANKSTON PLACE.
TAMPA, FL - 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. SALEEM ISMAIL NAVIWALA.
18317- BANKSTON PL.
TAMPA, FLORIDA - 33647

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Saleem I. Naviwala, MD.
Signature/Registered Agent

3-21-02
Date

Saleem I. Naviwala, MD.
Signature/Incorporator

3-21-02
Date

SALEEM ISMAIL NAVIWALA.