

PO2000057928

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

SUBJECT: MURALI M. ANGIREKULA, M.D., P.A.
(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: MURALI M. ANGIREKULA, M.D.
Name (Printed or typed)

4175 N. Stewart Way

Address

Beverly Hills, FL 34465

City, State & Zip

407-645-1150 (Jeff Wilson, Accountant)

Daytime Telephone number

400005610044--5
-05/24/02--01039--005
*****78.75 *****78.75

02 MAY 24 PM 12:12
FULL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

5
I SMITH, MAY 24 2002

**ARTICLES OF INCORPORATION
OF
MURALI M. ANGIRESKULA, M.D., P.A.
A PROFESSIONAL SERVICE CORPORATION**

The undersigned, duly licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, does hereby adopt the following Articles of Incorporation.

**ARTICLE I
NAME**

The name of the Corporation shall be:

MURALI M. ANGIRESKULA, M.D., P.A.

**ARTICLE II
COMMENCEMENT OF CORPORATE EXISTENCE**

The Corporation shall commence its existence as of the date of filing of these Articles.

**ARTICLE III
PRINCIPAL OFFICE**

The principal office of the corporation shall be at 4175 N. Stewart Way, Beverly Hills FL 34465.

**ARTICLE IV
REGISTERED AGENT**

The name and address of the Corporation's registered agent is MURALI M. ANGIRESKULA, M.D., 4175 N. Stewart Way, Beverly Hills FL 34465.

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**ARTICLE V
PURPOSE**

The purpose for which the Corporation is organized shall be to engage in the practice of medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

**ARTICLE VI
DURATION**

The term of existence of the Corporation is perpetual.

**ARTICLE VII
PROFESSIONAL SERVICES**

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice medicine within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of medical practice.

**ARTICLE VIII
INCORPORATOR**

The name and post office address of the incorporator is:

MURALI M. ANGIREKULA, M.D.
4175 N. Stewart Way
Beverly Hills FL 34465

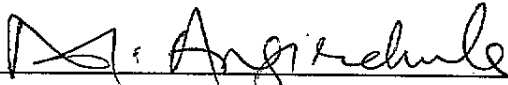
**ARTICLE IX
CAPITAL STOCK**

The number of shares of stock that the Corporation is authorized to have outstanding is one hundred (100), all of which shall be common shares with par value of \$1.00 per share.

ARTICLE X
AMENDMENT OF ARTICLES

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on the 17 day of May, 2002.


MURALI M. ANGIREKULA, M.D., Incorporator

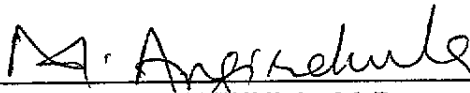
CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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.

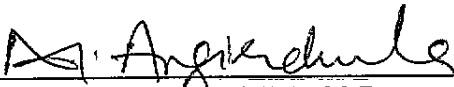
1. The name of the corporation is: **MURALI M. ANGIREKULA, M.D., P.A.**
2. The name and address of the registered agent and office is:

MURALI M. ANGIREKULA, M.D.
4175 N. Stewart Way
Beverly Hills FL 34465



MURALI M. ANGIREKULA, M.D.
Date: 5/17/ 2002

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.



MURALI M. ANGIREKULA, M.D.
Date: 5/17/ 2002

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