

TRANSMITTAL LETTER

**PD2000092213**

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

02 AUG 25 12:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: SHAILESH SHAH, M.D., P.A.  
(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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Shailesh J Shah, M.D.  
Name (Printed or typed)

320 W Oak St

Address

Kissimmee FL 34741

City, State & Zip

407-931-1300

Daytime Telephone number

600007306426--7  
-08/23/02--01029--023  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

**SE  
8/26**

# ARTICLES OF INCORPORATION

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

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## ARTICLE I NAME

The name of the corporation shall be:

SHAILESH SHAH, M.D., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

320 W Oak St  
Kissimmee FL 34741

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in and carry on all branches of the practice of medicine  
in the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

5000 Shares of \$1.00 Par Value Stock.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Shailesh J Shah, M.D., President  
320 W Oak St  
Kissimmee FL 34741

## ARTICLE VI REGISTERED AGENT

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

Shailesh J Shah, M.D.  
320 W Oak St  
Kissimmee FL 34741

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shailesh J Shah, M.D.  
320 W Oak St  
Kissimmee FL 34741

\*\*\*\*\*  
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

✓ Shailesh Shah  
Signature/Registered Agent

8/22/02.  
Date

✓ Shailesh Shah  
Signature/Incorporator

8/22/02  
Date