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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Saluja Varghese, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Saluja Varghese, M.D.

Name (Printed or typed)

2511 Burns Rd.

Address

Palm Beach Gardens, FL 33410

City, State & Zip

561-625-9575

Daytime Telephone number

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

## 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:

Saluja Varghese, M.D., P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2511 Burns Rd., Palm Beach Gardens, FL 33410

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Physician

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 shares @ \$1.00/share

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Saluja Varghese, M.D. - President  
2511 Burns Rd., Palm Beach Gardens, FL 33410

### **ARTICLE VI REGISTERED AGENT**

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

Saluja Varghese, M.D.  
2511 Burns Rd., Palm Beach Gardens, FL 33410

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Saluja Varghese, M.D.  
2511 Burns Rd., Palm Beach Gardens, FL 33410

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\*\*\*\*\*  
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

S. Varghese M.D.  
Signature/Registered Agent

4/20/03  
Date

S. Varghese M.D.  
Signature/Incorporator

4/20/03  
Date