

PO3000024723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

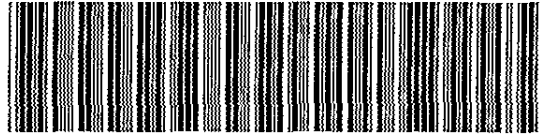
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated February 27, 2003.

To,
Department of State.
Division of Corporations.
FL.

Please attached find an application and check for a new corporation. Please call for any questions you have in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amir Manzoor', with a stylized flourish at the end.

Amir Manzoor .MD
643 Highway 231
PO Box 15878
Panama City .FL 32406
Tel #850-770-4051

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:

Amin MANZOOB, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

643 Hwy 231, PANAMA CITY, FL. 32405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of Medicine

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Hosam K. ZAWAHNY, Esq.
227 Harrison Ave
Panama City, FL. 32401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amin MANZOOB, M.D., P.A.
2101 W Hwy 231
Box 1122
Lynn Haven, FL. 32444

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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