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# Florida Department of State

Division of Corporations Public Access System

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Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

# FLORIDA PROFIT CORPORATION OR P.A.

RADHA VELLABHANENI, M.D., P.A.

D. WHITE APR - 3 2003

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March 31, 2003

EMPIRE CORPORATE KIT COMPANY

SUBJECT: RADHA VELLABHANENI, M.D., P.A.

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The name of the entity must be identical throughout the document.

The specific nature of business of the professional association must be stated in the document.

The document must contain both the street address of the principal office and the mailing address of the entity.

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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SECRETARIOR --

# ARTICLES OF INCORPORATION

OF

Radra rellabhaneni, MD, PA.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I

The name of this corporation shall be:

Roara Vellabhaneni, MD, PA.

#### **ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

# ARTICLE III

The principal place of business of this corporation is:

COCONUT CLEKATICLE V 33073

The general nature of business of this corporation is to transact any and all lawful business. The proute measure in

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ARTICLEY HUE Public

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$ 1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

# **ARTICLE VI**

The name and street address	s of the initial Registered Agent of this
corporation shall be: Hax A. I	adams
place	ra Plaza. Suite 100
IAHNAMK	70 733134
coral 6A	oles, 72 33134
,	· · · · · · · · · · · · · · · · · · ·

The name and address of the initial board of director(s) shall be:

Radina Vellabhanini 5172 NW 74th Ct. Coconut Creek, Pl 33073

## **ARTICLE VIII**

The name an	d address of the inco	morator eve	er Hin	n these A	rialas af	
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	s executed these And	or and	Che	K,Cl	. 33	573
The undersigned had a	s executed these Art	icles of Inco	orpora	tion this_	19 Km	
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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

DENSITEDED AGENT

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