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(Address)

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TALLAH
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FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Professional Gastroenterology & Surgery Associates, Inc.
(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: Professional Gastroenterology & Surgery Associates, Inc.
Name (Printed or typed)

8100 CR 44 Leg A
Address

Leesburg, FL 34788
City, State & Zip

(352) 323-8868
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:

Professional Gastroenterology & Surgery Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8100 CR 44 Leg A
Leesburg, FL 34788

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Group

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

AKRAM ISMAIL
8100 CR 44 Leg A
Leesburg, FL 34788

ARTICLE VI REGISTERED AGENT

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

AKRAM ISMAIL
8100 CR 44 Leg A
Leesburg, FL 34788

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AKRAM ISMAIL
8100 CR 44 Leg A
Leesburg, FL 34788

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

Signature/Incorporator

7/22/03
Date

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TALLAHASSEE, FLORIDA