# P0300008313-

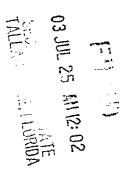
(Requestor's Name)			
(Address)			
(Ac	dress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
<u> </u>			
l 		Ì	





800021715878

07/25/03--01009--001 \*\*78.75



### 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 orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: P	rofessional Gastroent	erology + Sur (Printed or typed)	gery Associates, Inc.
	8100 CR 44 1	eg A	n de la companya del companya de la companya del companya de la co
	Leesburg, FL City,	347-88 State & Zip	<u>e e propaga e co</u> e constante de la constante
	(352) 323 -	- 8868 elephone number	<u>i i a distanción de la constanción de</u>

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/mailing 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 Lusburg, RL 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

Date