# P03000131109

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# TRANSMITTAL LETTER

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

SUBJECT: Ame	lia Island EKG Associates, F	P.A.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
<b>∠</b> \$70.00 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  PPY REQUIRED
FROM: _Jo	ohn Michael Burling	Printed or typed)	
	2334 E. State Road 200, S	`	
,	Fernandina Beach, Florida City,	32034 State & Zip	
	904-261-6135  Daytime T	elephone 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:

Amelia Island EKG Associates, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2334 E. State Road 200, Suite 100 Fernandina Beach, Florida 32034

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Billing and collection of EKG interpretation services

## ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Farid Ullah, 2334 E. State Road 200, Suite 100, Fernandina Beach, Florida 32034, President and Secretary

#### ARTICLE VI REGISTERED AGENT

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

Farid Ullah, 2334 E. State Road 200, Suite 100, Fernandina Beach, Florida 32034

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Farid Ullah, 2334 E. State Road 200, Suite 100, Fernandina Beach, Florida 32034

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

Date