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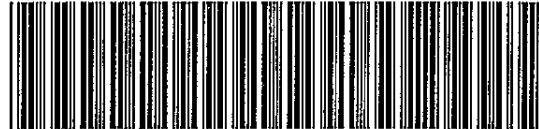
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23/8

TRANSMITTAL LETTER

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

SUBJECT: DIGESTIVE DISEASE CONSULTANTS OF NORTH FLORIDA, P.A.
(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: ABDOLREZA ABBASSI, MD
Name (Printed or typed)

1820 BARRS STREET, SUITE 615
Address

JACKSONVILLE, FL 32204
City, State & Zip

904-388-8686
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF
DIGESTIVE DISEASE CONSULTANTS OF NORTH FLORIDA, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

DIGESTIVE DISEASE CONSULTANTS OF NORTH FLORIDA, P.A.

The principal place of business of the corporation shall be:

1820 BARRS STREET, SUITE 615
JACKSONVILLE, FL 32204

ARTICLE II - PRINCIPAL OFFICE

The address of the principal place of business is:

1820 BARRS STREET, SUITE 615
JACKSONVILLE, FL 32204

ARTICLE III - PURPOSE

This corporation is organized to conduct lawful business activities as permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV - SHARES

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 2000 shares @ \$1.00 per share par value.

ARTICLE V - OFFICERS/DIRECTORS

The name and street address of the initial officer and director who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ABDOLREZA ABBASSI
1820 BARRS STREET, SUITE 615
JACKSONVILLE, FL 32204

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - REGISTERED AGENT

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

ABDOLREZA ABBASSI
1820 BARRS STREET, SUITE 615
JACKSONVILLE, FL 32204

ARTICLE VII - INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

ABDOLREZA ABBASSI
1820 BARRS STREEET, SUITE 615
JACKSONVILLE, FL 32204

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.

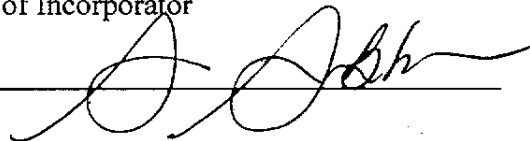
Signature of Registered Agent



Date



Signature of Incorporator



Date

