

AD4000042276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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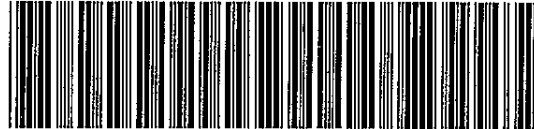
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: M. FATHI ABDEL-HAMEED M.D., PH.D., P.A., INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are the 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 M. FATHI ABDEL-HAMEED

Name (Printed or typed)

10086 BRANDON CIRCLE

Address

ORLANDO, FL. 32836

City, State & Zip

(407)-352-5115 / (321)-303-4599

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 681, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

M. FATHI ABDEL-HAMEED, M.D., PH.D., P.A.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10086 BRANDON CIRCLE, ORLANDO, FL, 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

M. FATHI ABDEL-HAMEED, M.D., PH.D., 10086 BRANDON CR., ORLANDO, FL. 32836 - *President*

ARTICLE VI REGISTERED AGENT

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

M. FATHI ABDEL-HAMEED., 10086 BRANDON CR., ORLANDO, FL. 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

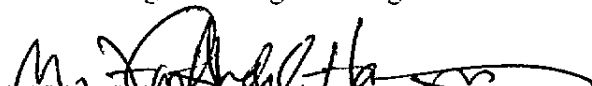
M. FATHI ABDEL-HAMEED, 10086 BRANDON CR., ORLANDO, FL. 32836

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

2/17/04

Date


Signature/Incorporator

2/17/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA