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04 DEC -6 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 12-8

TRANSMITTAL LETTER

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

SUBJECT: ZAIN MEDICAL CONSULTING 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: (HAS) LYNN BARWELL, PATRICK & ROBINSON, LLC
Name (Printed or typed)

4029 ATLANTIC BLVD.
Address

JACKSONVILLE, FL 32207
City, State & Zip

904-396-5400
Daytime Telephone number

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

APPROVED
AND
FILED

04 DEC -6 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

Of

ZAIN MEDICAL CONSULTING, P.A.

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

ARTICLE I.

The name of the corporation shall be:

ZAIN MEDICAL CONSULTING, P.A.

ARTICLE II.

The principal place of business and mailing address of this corporation shall be:

**1513 CHATHAM COURT
ST. AUGUSTINE, FL 32092**

ARTICLE III.

The purpose for which the corporation is organized is:

Any lawful retail, wholesale, or service business, including medical services.

ARTICLE IV.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE V.

The names and street addresses of officers are:

**ZEHRRA CUMBER, PRESIDENT/SECRETARY
1513 CHATHAM COURT
ST. AUGUSTINE, FL 32092**

ARTICLE VI.

The name and address of the registered agent are:

**ZEHRA CUMBER
1513 CHATHAM COURT
ST. AUGUSTINE, FL 32092**

ARTICLE VII.

The name and address of the incorporator are:

**Mark R. Patrick
4029 Atlantic Blvd.
Jacksonville, FL 32207**



Signature/Incorporator

11/30/04

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature /Registered Agent

11/29/04

Date

To Whom It May Concern:

By this document, I give the authority to Mark R. Patrick, CPA, to prepare Form SS-4 and to use that form for the purpose of applying for an Employer's Identification Number with the Internal Revenue, whether by mail, telephone, facsimile, or internet. He has complete authority to act on my behalf to answer any questions necessary for this purpose, or to respond to any inquiry related to the preparation of that form, so long as the objective is to obtain an EIN for the entity named below.

Zain Medical Consulting, P.A.

Name of Entity

Zehra Cumber

Name of Signer

Zehra Cumber

Signature

President/Secretary

Position of Signer

11/29/04

Date Signed