

PO5000037743

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000061584 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05 MAR 11 AM 8:06

FILED

FLORIDA PROFIT CORPORATION OR P.A.

MOHAMMED TOUHEED M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

JS
3-14

ARTICLES OF INCORPORATION
OF

MOHAMMED TOUHEED M.D., P.A.

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

ARTICLE I NAME

The name of the corporation shall be: MOHAMMED TOUHEED M.D., P.A.

The principal place of business of this corporation shall be: 11035 CASTLE MAIN CIRCLE EAST, JACKSONVILLE, FL 32256

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. THE MAIN ACTIVITY WILL BE A MEDICAL PRACTICE AS A LICENSED INTERNIST.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 SHARES OF \$ 1.00 EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

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

MOHAMMED TOUHEED 11035 CASTLE MAIN CIRCLE EAST, JACKSONVILLE, FL 32256

FILED
05 MAR 11 AM 8:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

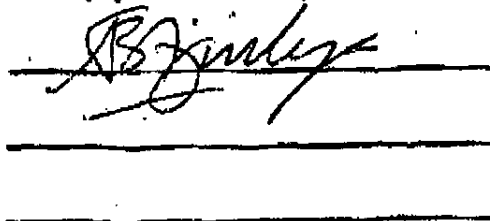
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of Incorporation is(are):

ARVIND B AJINKA 4524 GUN CLUB RD., # 102, WEST PALM BEACH, FL 33415

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these Articles of Incorporation this, 11TH day of MARCH, 2005

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

MOHAMMED TOUHEED M.D., P.A.

2. The name and address of the registered agent and office is:

ARVIND B AJINKYA 4524 GUN CLUB ROAD, # 102
(P.O. BOX NOT ACCEPTABLE)

WEST PALM BEACH, FL 33415
(CITY/STATE/ZIP)

FILED
05 MAR 11 AM 8:04
STATE OF FLORIDA
HALL COUNTY CLERK

SIGNATURE 

TITLE INCORPORATOR/REGISTERED AGENT

DATE March 11, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE March 11, 2005