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PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JUL 25 PM 12: 24

MRS
7/27

TRANSMITTAL LETTER

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

SUBJECT: ZAIN MEDICAL CENTER, PA
(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: 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.

ARTICLES OF INCORPORATION

**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Of

05 JUL 25 PM 12: 24

ZAIN MEDICAL CENTER, 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 Center, P.A.

ARTICLE II.

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

**309 Kingsley Lake Drive, Suite 904
St. Augustine, FL 32092**

ARTICLE III.

The purpose for which the corporation is organized is:

Medical practice.

ARTICLE IV.

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

1000

ARTICLE V.

The names and street addresses of officers are:

**Imran Rajwani, P, S, T
1513 Chatham Avenue
St. Augustine, FL 32092**

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TALLAHASSEE, FLORIDA

ARTICLE VI.

The name and address of the registered agent is:


05 JUL 25 PM 12: 24

Mark Patrick, CPA
4029 Atlantic Blvd.
Jacksonville, FL 32207

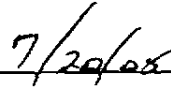
ARTICLE VII.

The name and address of the incorporator is:

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



Signature/Incorporator

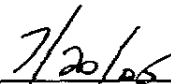


Date

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



Date