

# PD5000104360

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

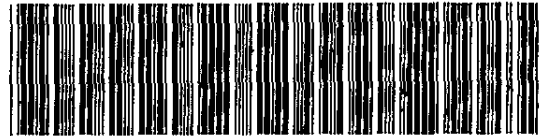
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

MRD  
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      ☐ \$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: 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**

**Of**

**ZAIN MEDICAL CENTER, P.A.**

**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**05 JUL 25 PM 12: 24**

**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**

ARTICLE VI.

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TALLAHASSEE, FLORIDA

The name and address of the registered agent is:

05 JUL 25 PM 12: 24

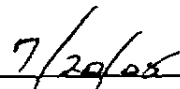
Mark Patrick, CPA  
4029 Atlantic Blvd.  
Jacksonville, FL 32207

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