

P050000113031

(Requestor's Name)

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(City/State/Zip/Phone #)

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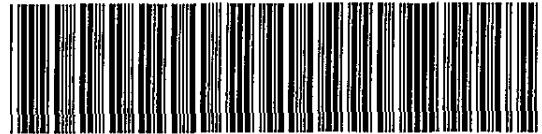
(Business Entity Name)

(Document Number)

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07/05/05--01012--001 **78.75

05 AUG 11 AM 8:02
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W05-32445

B. McKnight AUG 16 2005

TRANSMITTAL LETTER

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

SUBJECT: IBRAHIM WAFIK 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: IBRAHIM WAFIK
Name (Printed or typed)

2686 John Anderson Dr
Address

Ormond Beach FL 32176
City, State & Zip

386-441-3035
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 6, 2005

IBRAHIM WAFIK
2686 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

SUBJECT: IBRAHIM WAFIK, P.A.
Ref. Number: W05000032445

We have received your document for IBRAHIM WAFIK, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 005A00044837

RECEIVED
05 AUG 11 AM 10:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

IBRAHIM WAFIK, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2686 John Anderson Dr
Ormond Beach, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit Professional Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IBRAHIM WAFIK (P)(D)
2686 John Anderson Dr
Ormond Beach, FL 32176

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

IBRAHIM WAFIK
2686 John Anderson Dr
Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IBRAHIM WAFIK
2686 John Anderson Dr
Ormond Beach, FL 32176

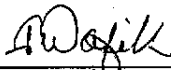
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-27-05

Date



Signature/Incorporator

6-27-05

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 11 AM 8:02