

POS000128302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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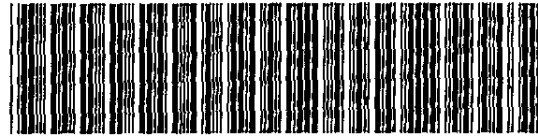
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 19 2005

**COVER LETTER**

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

SUBJECT: PALMS UROPATHOLOGY, 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 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: FARUK AYDIN  
Name (Printed or typed)

10643 CORY LAKE DR  
Address

TAMPA FL 33647  
City, State & Zip

813 956 9906 -cell phone  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# 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:

PALMS UROPATHOLOGY PA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4412 W. OSBORNE AVE  
TAMPA FL 33614-

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide pathology services to patients,  
physicians, group practices, outpatient medical centers.

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Faruk Aydin, M.D. Director and  
~~Owner and~~ President

## ARTICLE VI REGISTERED AGENT

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

Faruk Aydin, M.D.  
6643 Cory Lane Dr  
Tampa FL 33647


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Faruk Aydin  
10643 Cory Lane Dr  
Tampa FL 33647

\*\*\*\*\*

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

9/15/05  
Date

  
Signature/Incorporator

9/15/05  
Date

Taxpayer ID #: 80-0125876

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TALLAHASSEE, FLORIDA