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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/7/05  
BWT

## COVER LETTER

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

**SUBJECT:** SACHIN R. SHENOY, M.D., 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Sachin R. Shenoy, M.D.  
Name (Printed or typed)

766 Country Club Drive, Titusville, FL 32780  
Address

City, State &amp; Zip \_\_\_\_\_

828 280 2765  
Daytime Telephone number

**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:

SACHIN R. SHENOY, M.D., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

766 Country Club Drive, Titusville, FL 32780

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

## ARTICLE IV SHARES

The number of shares of stock is:

One Thousand shares of one dollar each.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sachin R. Shenoy, M.D. Director

766 Country Club Drive, Titusville, FL 32780

## ARTICLE VI REGISTERED AGENT

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

Sachin R. Shenoy, M.D.

766 Country Club Drive, Titusville, FL 32780

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sachin R. Shenoy, M.D.

766 Country Club Drive, Titusville, FL 32780

\*\*\*\*\*  
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

\_\_\_\_\_  
Signature/Incorporator

FILED

05 OCT -6 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/2/2005

\_\_\_\_\_  
Date

10/2/2005

\_\_\_\_\_  
Date