

P06000007488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

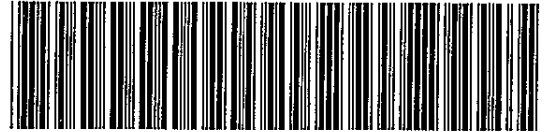
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*4406-504*

Office Use Only

*706A-3919*  
*[Signature]*  
*11/19/11*



800062519718

01/04/06--01018--018 \*\*78.75

FILED  
06 JAN 18 PM 2:42  
JAN 18 2006  
FILING OFFICE  
MONTGOMERY, ALA

Barbara's Personal Services, Inc.  
SUITE 2A  
152 8th AVENUE SW  
LARGO, FLORIDA 33770-3613

NOTARY PUBLIC

TELEPHONE 727 559-8505

FACSIMILE 585-9184

December 22, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**TRANSMITTAL LETTER**

**SUBJECT: BAY PINES CARDIOVASCULAR ASSOCIATES, MD, P.A.**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:  
Seventy-eight & 75/100 dollars (\$78.75) for Filing Fee and Certificate of Status.

Thank you.

**FROM:** Barbara S. Hicks  
152 8th Avenue, SW, Suite 2A  
Largo, Florida 33770-3613  
(727) 559-8505

Sincerely,



Barbara S. Hicks



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2006

BARBARA'S PERSONAL SERVICES, INC.  
% BARBARA S. HICKS  
152 8TH AVENUE SW. SUITE 2A  
LARGO, FL 33770-3613

SUBJECT: BAY PINES CARDIOVASCULAR ASSOCIATES, MD, P.A.  
Ref. Number: W0600000504

We have received your document for BAY PINES CARDIOVASCULAR ASSOCIATES, MD, P.A.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P03000043544 - BAY PINES CARDIOVASCULAR ASSOCIATES, M.D., P.A..

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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 606A00000769

**ARTICLES OF INCORPORATION OF THE BAY PINES  
CARDIOVASCULAR ASSOCIATES, M.D.  
PROFESSIONAL ASSOCIATION**

I, the undersigned, hereby associate myself for the purpose of becoming a professional corporation for profit under the provisions of Chapter 621 of the laws of the State of Florida, and pursuant to the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**Bay Pines Cardiovascular Associates, M.D., P.A.**

**ARTICLE II PRINCIPAL OFFICE**

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

**10333 Seminole Blvd., Suite 8**

**Largo, FL 33778**

**ARTICLE III**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Brad D. Hicks  
152 8<sup>th</sup> Avenue SW  
Suite 2 A  
Largo, FL 33770  
727/ 559-8505**

**ARTICLE IV  
Duration and Effective Date**

The corporation shall have perpetual existence. The effective date shall be the date of filing.

FILED  
CORPORATE STATE  
LABORER, FLORIDA

06 JAN 18 PM 2:42

FILED

**ARTICLE V**  
**Purpose**

This corporation is organized for the following purposes:

- a. To engage in the practice of medicine as a professional corporation and to own and operate a medical clinic for the purposes of providing medical care and treatment.
- b. To promote medical, surgical and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts and engage in any lawful business necessary for the rendering of professional medical services.
- c. To do everything necessary, proper or convenient to accomplish any of the purposes set forth in these articles, and to do every other act incidental to the corporate purposes which is not forbidden by Florida laws or by the provisions of these articles of incorporation.

The purposes of this corporation shall be carried out only through officers, employees and agents, each of whom is licensed or otherwise legally qualified to render professional medical services in the State of Florida.

**ARTICLE VI**  
**SHARES**

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

**One Thousand (1,000) shares.**

**The shares will be issued in accordance with Code section 1244 of the Internal Revenue Code.**

**ARTICLE VII**  
**INITIAL DIRECTORS**

The names and addresses of the individuals who are to serve as the corporation's initial directors:

**A. HADI HAKKI, M.D.**  
**Director**

**10333 Seminole Blvd., Suite 8**  
**Largo, FL 33778**

**ARTICLE VIII**  
**INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporation are:

**A. HADI HAKKI, M.D.**  
**10333 Seminole Blvd., Suite 8**  
**Largo, FL 33778**

The undersigned incorporators have executed these Articles of Incorporation this 22 day of December, 2005.

  
\_\_\_\_\_  
**A. HADI HAKKI, M.D.**  
**Director**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

BAY PINES CARDIOVASCULAR ASSOCIATES, MD, P.A.

2. The name and address of the registered agent and office is:

Brad D. Hicks  
152 8<sup>th</sup> Ave SW, Suite 2A  
Largo, FL 33770  
727/ 727/559-8505

*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.*

  
\_\_\_\_\_  
BRAD D. HICKS

This 22 day of December, 2005

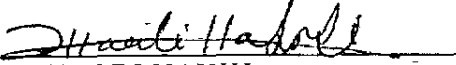
06 JAN 18 PM 2:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**AFFIDAVIT**

TO: DIVISION OF CORPORATIONS  
RE # W06000000504

I, A. HADI HAKKI, the undersigned, state that I have no intention of reinstating the corporation BAY PINES CARDIOVASCULAR ASSOCIATES MD, PA, that was administratively dissolved and therefore, release the name for use to another entity.

 January 9, 2006  
A. HADDI HAKKI

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing affidavit was signed before me this 9 day of January, 2006, by A. Haddi Hakki, who is personally known to me.

  
Brad Hicks Notary Public

