# P06000065757

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SECRETARY OF STATE

C.f.5-10

# **COVER LETTER**

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

SUBJECT: KHU	RANA FAMILY MEDICI (proposed corpora	NE, M.D., P.A. te name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	
FROM:	SUNAINA KHURANA Name (Printed or typed)  2624 ISLAND DRIVE		
	Address  SEBRING, FL 33872  City, State & Zip		

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

(863)382-1271 Daytime Telephone number

## 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:

KHURANA FAMILY MEDICINE, M.D., P.A.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2624 ISLAND DRIVE, SEBRING, FL 33872

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE PHYSICIAN SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100,000 AT \$1.00 EACH

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SUNAINA KHURANA, PRESIDENT AND SECRETARY

#### ARTICLE VI REGISTERED AGENT

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

SUNAINA KHURANA 2624 ISLAND DRIVE SEBRING, FL 33872

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SUNAINA KHURANA 2624 ISLAND DRIVE SEBRING, FL 33872

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

&ignature/Registered Agent

Signature/Incorporator

Date

/Date