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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W06-38124

## COVER LETTER

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

**SUBJECT: FLORIDA INSTITUTE OF HOSPITALISTS INC.**  
(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: KUMAR, RAJAGOPALAN M.D.  
Name (Printed or typed)

6000 WEST ATLANTIC BLVD  
Address

MARGATE, FL 33063  
City, State & Zip

954-899-6739  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2006

SULTAN A SULTAN  
6000 W ATLANTIC BLVD  
MARGATE, FL 33063

SUBJECT: FLORIDA HOSPITALISTS INC  
Ref. Number: W06000038124

We have received your document for FLORIDA HOSPITALISTS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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 Filing Section

Letter Number: 206A00052834



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2006

KUMAR RAJAGOPALAN  
6000 W ATLANTIC BLVD  
MARGATE, FL 33063

SUBJECT: FLORIDA INSTITUTE OF HOSPITALISTS INC.  
Ref. Number: W06000039170

We have received your document for FLORIDA INSTITUTE OF HOSPITALISTS INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 606A00053963

# 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:

FLORIDA INSTITUTE OF HOSPITALISTS INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

6000 WEST ATLANTIC BLVD MARGATE FL 33063

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL SERVICES

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

PRESIDENT: SULTAN A. SULTAN M.D. 6000 W ATLANTIC BLVD MARGATE FL 33063

VICE PRESIDENT: KUMAR RAJAGOPALAN M.D. 6000 W ATLANTIC BLVD MARGATE FL 33063

## **ARTICLE VI REGISTERED AGENT**

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

KUMAR, RAJAGOPALAN M.D. 6000 WEST ATLANTIC BLVD MARGATE FL 33063

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SULTAN A. SULTAN M.D. 6000 WEST ATLANTIC BLVD MARGATE FL 33063

\*\*\*\*\*

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

*Kumar Rajagopalan*

Signature/Registered Agent

*S. A. Sultan*

Signature/Incorporator

09/01/2006

Date

09/01/2006

Date

FILED

06 SEP 25 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA