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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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FILER'S SIGNATURE: [Signature]

## COVER LETTER

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

**SUBJECT: HEND ABDELMALEK, "M.D."FAMILY PRACTICE "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: HEND ABDELMALEK," M.D." " P.A."  
Name (Printed or typed)

4558 SAN JUAN AVENUE SUITE # B

Address

JACKSONVILLE, FLORIDA 32210

City, State & Zip

904-389-2077

Daytime Telephone number

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



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

October 26, 2006

HEND ABDELMALEK, "M.D." "P.A."  
4558 SAN JUAN AVENUE SUITE # B  
JACKSONVILLE, FL 32210

**SUBJECT: HEND ABDELMALEK, "M.D."FAMILY PRACTICE "P.A."**  
Ref. Number: W06000046997

We have received your document for HEND ABDELMALEK, "M.D."FAMILY PRACTICE "P.A." and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return 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 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 206A00063653

## **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:

HEND ABDELMALEK "M.D." FAMILY PRACTICE "P.A."

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4558 SAN JUAN AVENUE SUITE# B  
JACKSONVILLE, FLORIDA 32210

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *PRACTICE of MEDICINE*

The undersigned incorporation (S), For the purpose of forming a corporation under the Florida Business Corporations Act, hereby adopt (S) the following articles of incorporation.

### **ARTICLE IV SHARES**

The number of shares of stock is:

The number of shares of Stock that this corporation is authorized to have outstanding at any time is: 1000 shares

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

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

Hend Abdelmalek President  
4558 San Juan Avenue ,Suite # B  
Jacksonville, Florida 32210

06 NOV -7 AM 9:35  
SACRAMENTO STATE  
FALL 2000  
FILED

### **ARTICLE VI REGISTERED AGENT**

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

Hend Abdelmalek  
4558 San Juan Avenue, Suite # B  
Jacksonville, Florida 32210

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Hend Abdelmalek  
4558 San Juan Avenue, Suite # B  
Jacksonville, Florida 32210

\*\*\*\*\*  
*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*

Hend -Aule  
Signature/Registered Agent

10-17-06

Date

Hend -Aule  
Signature/Incorporator

10-17-06

Date