

PO 70880017627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

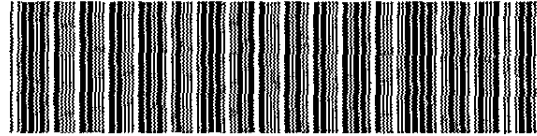
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALABAMA

2-8-07
1691

COVER LETTER

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

SUBJECT: NEW TAMPA WEIGHT LOSS CLINIC PA
(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: NEW TAMPA WEIGHT LOSS CLINIC PA
Name (Printed or typed)

5381 PRIMROSE LK CIRCLE
Address

TAMPA FL 33647
City, State & Zip

813 615 2488
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:

NEW TAMPA WEIGHT LOSS CLINIC PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5381 PRIMROSE LK CIRCLE
TAMPA FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WEIGHT MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BABATOLA DURJIAYE MD
5381 PRIMROSE LAKE CIRCLE
TAMPA FL 33647

ARTICLE VI REGISTERED AGENT

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

BABATOLA DURJIAYE MD
5381 PRIMROSE LAKE CIRCLE
TAMPA FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BABATOLA DURJIAYE M.D.
5381 PRIMROSE LAKE CIRCLE
TAMPA FL 33647

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

1/31/07
Date

BABATOLA DURJIAYE
Signature/Incorporator

1/31/07
Date

FILED
2001 FEB - 7 P 3 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA