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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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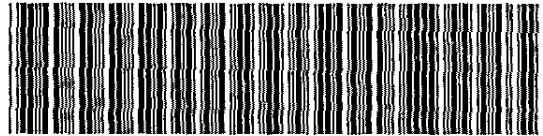
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Handwritten number 147-827

## COVER LETTER

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

SUBJECT: QIHENG JAMES SHEN, M.D., 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: QIHENG JAMES SHEN, M.D.  
Name (Printed or typed)

2916 BERNICE DRIVE  
Address

JACKSONVILLE FL 32257  
City, State & Zip

(904) 923-3318  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2007

QIHENG JAMES SHEN, M.D.  
2916 BERNICK DRIVE  
JACKSONVILLE, FL 32257

SUBJECT: QIHENG JAMES SHEN, M.D., P.A.  
Ref. Number: W07000008279

We have received your document for QIHENG JAMES SHEN, M.D., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 607A00011730

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

QIHENG JAMES SHEN, M.D., P.A.

07 FEB 27 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 57100  
JACKSONVILLE, FL 32247-7100

2916 BERNICE DRIVE  
JACKSONVILLE, FL 32257

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality anesthesia and periperative care in Jacksonville, FL.

## ARTICLE IV SHARES

The number of shares of stock is:

ONE Hundred

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

QIHENG JAMES SHEN, M.D.  
OWNER  
2916 BERNICE DRIVE  
JACKSONVILLE, FL 32257

## ARTICLE VI REGISTERED AGENT

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

QIHENG JAMES SHEN, M.D.  
2916 BERNICE DRIVE  
JACKSONVILLE, FL 32257

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

QIHENG JAMES SHEN, M.D.  
2916 BERNICE DRIVE  
JACKSONVILLE, FL 32257

\*\*\*\*\*

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

Date

Signature/Incorporator

Date

2/12/07