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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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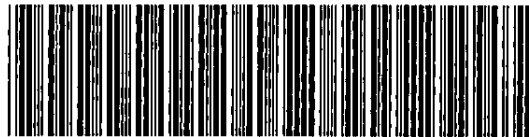
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch Ark 3 2007

COVER LETTER

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

SUBJECT: EJAZ AHMED, MD, 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: EJAZ AHMED

Name (Printed or typed)

3848 CALLIOPE AVENUE

Address

PORT ORANGE, FL 32129

City, State & Zip

386-322-9799

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:

EJAZ AHMED, MD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3848 CALLIOPE AVENUE
PORT ORANGE, FL 32129**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL SERVICES

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):

EJAZ AHMED
3848 CALLIOPE AVENUE
PORT ORANGE, FL 32129

PRESIDENT

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:EJAZ AHMED
3848 CALLIOPE AVENUE
PORT ORANGE, FL 32129**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:EJAZ AHMED
3848 CALLIOPE AVENUE
PORT ORANGE, FL 32129

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

Signature/Incorporator

SIGN HERE

SIGN HERE

Date

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA