

P 07000064853

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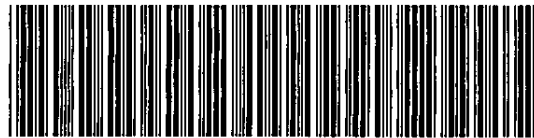
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEARCH JUN 04 2007

## COVER LETTER

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

SUBJECT: TampaMed Bariatrics, 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: TampaMed Bariatrics, P.A.  
Name (Printed or typed)

4204B N. MacDill Avenue, Suite 2  
Address

Tampa, FL 33607  
City, State & Zip

813-414-0825  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2007

OLAYINKA BANKOLE  
PO BOX 172416  
TAMPA, FL 33672

SUBJECT: TAMPAMED BARIATRICS, P.A.  
Ref. Number: W07000024248

We have received your document for TAMPAMED BARIATRICS, P.A. and your check(s) totaling \$78.75. 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.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 907A00035231

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2007 JUN - 1 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

TampaMed Bariatrics, P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4204B N. MacDill Avenue, Suite 2  
Tampa, FL 33607

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide bariatric and weight loss 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):

Olayinka Bankole, President  
P.O. Box 172416  
Tampa, FL 33672

### **ARTICLE VI REGISTERED AGENT**

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

Olayinka Bankole  
4204B N. MacDill Avenue, Suite 2  
Tampa, FL 33607


### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Olayinka Bankole  
P.O. Box 172416  
Tampa, FL 33672

\*\*\*\*\*

*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

5/29/02  
\_\_\_\_\_  
Date  
5/29/02  
\_\_\_\_\_  
Date