# Q07000/UG5G3

A T. POPER IN . I

| (Requestor's Name)                      |                    |           |  |  |
|-----------------------------------------|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Ac                                     | ldress)            |           |  |  |
| (Cir                                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Business Entity Name)                  |                    |           |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|                                         |                    |           |  |  |
|                                         |                    |           |  |  |
|                                         |                    |           |  |  |
|                                         |                    |           |  |  |

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07 SEP 24 PN 9: 55
SECRETARY OF STATE
TALLAHASSEF, FLORIGA

9/26

# **COVER LETTER**

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

| SUBJECT: 2           | BD Cardio I                                      | ). TENAME-MUST INCL                                | Pater P                                                                 |
|----------------------|--------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|
|                      | (PROPOSED CORPORA                                | TE NAME – <u>MUST INCL</u>                         | <u>JUDE SUFFIX</u> )                                                    |
| Enclosed are an orig | ginal and one (1) copy of the art                | icles of incorporation and                         | d a check for:                                                          |
| \$70.00 Filing Fee   | \$78.75<br>Filing Fee<br>& Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED |
| FROM:                | Gandra J                                         | QFFU (Printed or typed)                            |                                                                         |
|                      |                                                  | able Dr<br>Address                                 |                                                                         |
|                      | Valrico, F                                       | 3359 y<br>State & Zip                              |                                                                         |
|                      |                                                  | 9 - 2502<br>Felephone 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:

3D Cardio Diagnostic Center PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4502 Stable Drive Valrico, FI 33594

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To provide profitable, quality medical services to the public.

# ARTICLE IV

The number of shares of stock is:

1

# INITIAL OFFICERS AND/OR DIRECTORS

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

Sandra S. Jaffer, President Magda V. Blanco, Vice President 4502 Stable Dr. Valrico, FI 33594

## REGISTERED AGENT

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

Sandra S. Jaffer 4502 Stable Dr. Valrico, FI 33594

### ARTICLE VII *INCORPORATOR*

The <u>name and address</u> of the Incorporator is:

Sandra S. Jaffer 4502 Stable Dr. Valrico, FI 33594

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/Régister