

P08000051447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

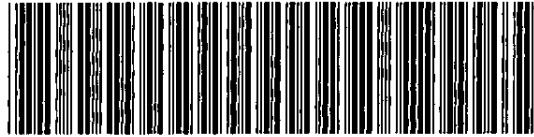
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

505  
W08-23887



300128829213

05/12/08--01039--003 \*\*78.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 23 PM 2:00

5/23/08 *gf*

COVER LETTER

EILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:00

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

SUBJECT: WEST COAST NEPHROLOGY  
(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: WEST COAST NEPHROLOGY  
Name (Printed or typed)

BHAGWAT PATEL  
5649 49th ST NORTH  
Address

ST. PETERSBURG FLORIDA 33709  
City, State & Zip

727-527-2400  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 23 PM 2:00

May 13, 2008

WEST COAST NEPHROLOGY  
BHAGWAT PATEL  
5649 49TH STREET NORTH  
ST. PETERSBURG, FL 33709

SUBJECT: WEST COAST NEPHROLOGY  
Ref. Number: W08000023887

We have received your document for WEST COAST NEPHROLOGY and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00030478

RECEIVED  
08 MAY 23 AM 8:00  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:00

**ARTICLE I NAME**

The name of the corporation shall be:

**WEST COAST NEPHROLOGY, Inc.**

**ARTICLE II PRINCIPLE OFFICE**

The principal street address and mailing address, if different is:

**5781 49<sup>th</sup> St. N.**

**St. Petersburg, FL, 33709**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**This corporation is formed to engage in every aspect of practice of medicine. This corporation may invest the funds of corporation in any type of investments and own any property necessary for operating the professional service.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**Bhagwat D. Patel, M.D.**

**5781 49<sup>th</sup> St. N.**

**St. Petersburg, FL, 33709**

**ARTICLE VI REGISTERED AGENT**

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

**Bhagwat D. Patel**

**5781 49<sup>th</sup> St. N.**

**St. Petersburg, FL, 33709**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**Bhagwat D. Patel**

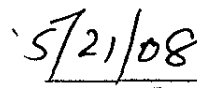
**5781 49<sup>th</sup> St. N.**


**St. Petersburg, FL, 33709**

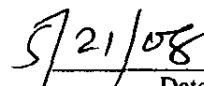
\*\*\*\*\*

*Having 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 to act in this capacity.*

  
Signature/Registered Agent

  
Date

  
Signature/Incorporator

  
Date