

PGS 0.00061143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

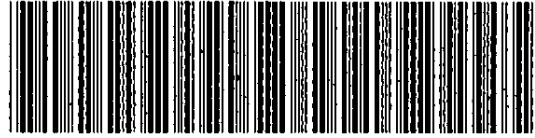
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4/24/08

TRANSMITTAL LETTER

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

SUBJECT: Domestication of a foreign S corporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Ramez Taher

Name (printed or typed)

8722 Belle Rive Blvd

Address

Jacksonville, FL 32256

City, State & Zip

904-472-5678

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, Ramez Taher, President,
(Name) (Title)

of Ramez Taher, MD, PA a foreign corporation,
(Corporation Name)


in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 5, 2007.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Arkansas.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Ramez Taher, MD, PA.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Ramez Taher, MD, PA.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Arkansas.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Ramez Taher, of president of: Ramez Taher, MD, PA

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 18 day of June, 2008.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Ramez Taher, MD, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

8722 Belle Rive Blvd
Jacksonville, FL 32256

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Operation of a medical practice

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

300 class A Par value: 0 (NO PAR)

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Ramez Taher, MD (President)
8722 Belle Rive Blvd
Jacksonville, FL 32256

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Ramez Taher, MD
8722 Belle Rive Blvd
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Ramez Taher, MD
8722 Belle Rive Blvd
Jacksonville, FL 32256


**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

06 / 18 / 2008

Date



Signature/Incorporator

06 / 18 / 2008

Date