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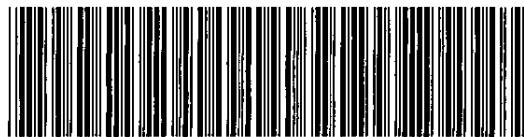
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Shirin Hasan, M.D., 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: S. Kirby Moncrief

Name (Printed or typed)

1001 Heathrow Park Lane, Suite 4001

Address

Lake Mary, FL 32746

City, State & Zip

407-322-2171

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:

Shirin Hasan, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

357 Cedarcrest Court, Lake Mary, FL, 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the practice of medicine as a professional corporation.

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred (500) at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shirin Hasan, M.D. - President - 357 Cedarcrest Court, Lake Mary, FL, 32746

Shirin Hasan, M.D. - Secretary

Shirin Hasan, M.D. - Treasurer

Shirin Hasan, M.D. - Director

ARTICLE VI REGISTERED AGENT

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

Shirin Hasan, M.D. - 357 Cedarcrest Court, Lake Mary, FL, 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shirin Hasan, M.D. - 357 Cedarcrest Court, Lake Mary, FL, 32746

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

Shirin Hasan M.D.
Signature/Registered Agent

9-15-08
Date

Shirin Hasan M.D.
Signature/Incorporator


9-15-08
Date

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TALLAHASSEE, FLORIDA


CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **SHIRIN HASAN, M.D., P.A.**
2. The name and address of the registered agent and office is: Shirin Hasan, M.D., 357 Cedarcrest Court, Lake Mary, FL 32746


SHIRIN HASAN, M.D.
Title: President
Date: September 15, 2008

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.


SHIRIN HASAN, M.D., Registered Agent
Date: September 15, 2008

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