

P08000102656

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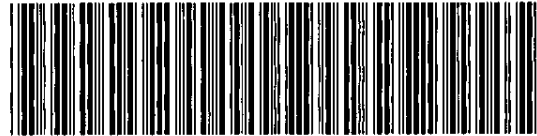
(Business Entity Name)

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11/19

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ZHANNA ZITSBANK P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
08 NOV 18 PM 4:14  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 2, 2008

LAZARUS

SUBJECT: ZHANNA ZITSBANK P.A.  
Ref. Number: W08000044481

We have received your document for ZHANNA ZITSBANK P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Please return 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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 508A00052393

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts(s) the following Articles of incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

ZHANNA Z., P.A.

MEDICAL SERVICES

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

17890 WEST DIXIE HWY #407  
N. MIAMI BEACH, FL 33160

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ZHANNA ZITSBANK  
17890 WEST DIXIE HWY #407  
N. MIAMI BEACH, FL 33160

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**ARTICLES V - INCORPORATOR**

The name and street address of the incorporator to these Articles of incorporation is:

**ZHANNA ZITSBANK  
17890 WEST DIXIE HWY # 407  
N. MIAMI BEACH, FL 33160**

The undersigned incorporator has executed these Articles of incorporation This 19TH day of SEPTEMBER, 2008.

Signature



**ARTICLES VI - DIRECTOR(S)**

The name (s) and street address(es) of the director(s) to these Articles of incorporation is (are):

**ZHANNA ZITSBANK  
17890 WEST DIXIE HWY # 407  
N. MIAMI BEACH, FL 33160**

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**  
Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent

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