

P10000055477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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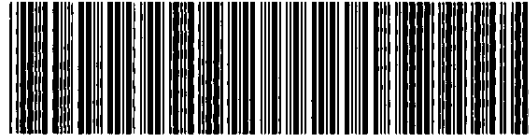
(Business Entity Name)

(Document Number)

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

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10 JUL -2 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Bay Community Pediatrics, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Bharati Shah

Name (Printed or typed)

5600 Mariner St. Suite 200

Address

Tampa, FL 33609

City, State & Zip

813-594-1026 x229

Daytime Telephone number

bshah@vhwus.com

E-mail address: (to be used for future annual report notification)

**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:

Bay Community Pediatrics, P.A.

## **ARTICLE II PRINCIPAL OFFICE**

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

5600 Mariner St., Suite 200

Tampa, FL 33609

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Practice

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Pallavi Kiran

Patel, M.D.

## **ARTICLE VI REGISTERED AGENT**

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

Bijal Patel

306 S. Arawanna Dr. #2

Tampa, FL 33602

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Pallavi Kiran Patel, M.D.

5600 Mariner St. Suite 200

Tampa, FL 33609


\*\*\*\*\*

*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/Registered Agent

6/29/2010

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/29/2010

\_\_\_\_\_  
Date

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10 JUL -2 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA