

P10000097203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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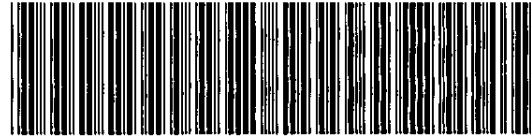
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **DOCTOR STAT 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: **ANIL G. VERMA M.D.**

Name (Printed or typed)

2580 SOUTH SEACREST BOULEVARD

Address

BOYNTON BEACH, FL 33435

City, State & Zip

(561) 369-7865

Daytime Telephone number

VERMAFL@GMAIL.COM ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME DOCTOR STAT P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2580 SOUTH SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE MEDICAL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 COMMON SHARES WITH PAR VALUE OF \$1.00 PER STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANIL G. VERMA M.D. : PRESIDENT Name and Title: _____
Address: 2580 SOUTH SEACREST BLVD Address: _____
BOYNTON BEACH, FL 33435

Name and Title: ANIL G. VERMA M.D. : DIRECTOR Name and Title: _____
Address: 2580 SOUTH SEACREST BLVD Address: _____
BOYNTON BEACH, FL 33435

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

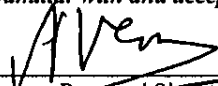
Name: ANIL G. VERMA M.D.
Address: 2580 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANIL G. VERMA M.D.
Address: SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

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




Required Signature/Registered Agent

11/22/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/22/2010

Date