

P11000016702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

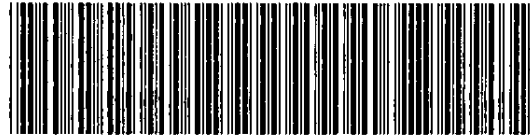
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600194181226

02/16/11--01018--008 **78.75

FILED

11 FEB 16 PM 1:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/17

COVER LETTER

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

SUBJECT: Jacksonville Psychiatry 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: Amit Vijapura

Name (Printed or typed)

8236 Chester Lake Rd N

Address

Jacksonville, FL 32256

City, State & Zip

904-733-7333

Daytime Telephone number

avijapura@gmail.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

Jacksonville Psychiatry P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
9141 Cypress Green Dr
Suite # 1
Jacksonville, FL 32256

Mailing address, if different is:

8236 Chester Lake Rd N
Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical services, Clinical Research, Consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Amit Vijapura (Director)</u>	Name and Title: _____
Address: <u>8236 Chester Lake Rd N</u>	Address: _____
<u>Jacksonville, FL 32256</u>	_____

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

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:

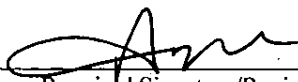
Name: Amit Vijapura
Address: 8236 Chester Lake Rd N
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amit Vijapura
Address: 8236 Chester Lake Rd
Jacksonville, FL 32256

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

02-15-2011

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

02-13-2011

Date

FILED
11 FEB 16 PM 1:51
TALLAHASSEE
SECRETARY OF STATE
FLORIDA