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2011 AUG 10 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-11-11

COVER LETTER

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

SUBJECT: US TeleMed Center Inc

(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: US TeleMed Center Inc

Name (Printed or typed)

7700 Massachusetts Ave

Address

New Port Richey, FL 34653

City, State & Zip

813-574-1640 ext 483

Daytime Telephone number

srosenberg@deltamedicalcare.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: US TeleMed Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
7700 Massachusetts Ave
New Port Richey, FL 34653

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Medical Clinic

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Haider Khan, MD President/Director
Address: 7700 Massachusetts Ave
New Port Richey, FL 34653

Name and Title: _____
Address: _____

Name and Title: Nazeer Khan, MD Treasurer/Secretary/Director
Address: 7700 Massachusetts Ave
New Port Richey, FL 34653

Name and Title: _____
Address: _____

Name and Title: Akbar Khan, MD Director
Address: 7700 Massachusetts Ave
New Port Richey, FL 34653

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

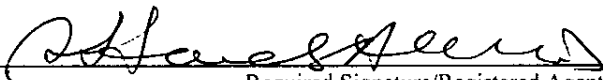
Name: Haider Khan, MD
Address: 7700 Massachusetts Ave
New Port Richey, FL 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Haider Khan, MD
Address: 7700 Massachusetts Ave
New Port Richey, FL 34653

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

8/8/11
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

8/8/11
Date

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TALLAHASSEE, FLORIDA