

P11000090090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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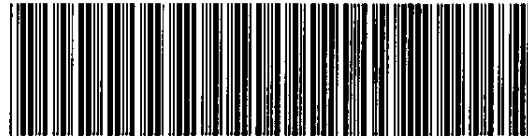
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 14 2011

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COVER LETTER

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

SUBJECT: Coastal Cardiology & Vascular Center 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: Bala Nandigam
Name (Printed or typed)

227 George Rd
Address

Port Charlotte, FL 33952
City, State & Zip

941-380-6585
Daytime Telephone number

bala.nandigam@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

The name of the corporation shall be:

Coastal Cardiology & Vascular Center P A

ARTICLE II PRINCIPAL OFFICE

Principal street address

1620 Tamiami Tr

Port Charlotte, FL 33952

Mailing address, if different is:

4045 Tamiami Tr

Port Charlotte, FL 33952

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 Shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bala Nandigam President

Address: 227 George Rd

Port Charlotte FL 33952

Name and Title: Usha Nandigam Vice President

Address: 227 George Rd

Port Charlotte FL 33952

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: John Hitzel

Address: 4045 Tamiami Tr

Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Hitzel

Address: 4045 Tamiami Tr

Port Charlotte, FL 33952

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

October 10, 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

October 10, 2011

Date