

P12000015209

FEB. 13. 2012 6:06PM CAPITAL CONNECTION

NO. 8978 P. 1
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000039213 3)))



H120000392133ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 FEB 14 AM 8:00
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Florida Center for Endocrinology PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
12 FEB 13 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Florida Center for Endocrinology PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
8707 Bay Harbor
Blvd, Orlando FL
32836

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Practice of Medicine; Endocrinology

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Veena H. Patil MD.
Address: President / Director
8707 Bay Harbor Boulevard
Orlando FL 32836

Name and Title: _____
Address: _____

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: Veena H. Patil MD.
Address: 8707 Bay Harbor Blvd
Orlando FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veena H. Patil M.D.
Address: 8707 Bay Harbor Blvd
Orlando FL 32836

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

Veena Patil
Required Signature/Registered Agent

1/31/12
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.

Veena Patil
Required Signature/Incorporator

1/31/12
Date

FILED
12 FEB 13 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA