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DIVISION OF CORPORATIONS
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7/11/12

COVER LETTER

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

SUBJECT: PHYSICIANS ELECTRO-THERAPY SOLUTIONS, 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: AMIR KHAN

Name (Printed or typed)

970 LAKE CARILLON DRIVE, SUITE 300

Address

ST. PETERSBURG, FLORIDA 33716

City, State & Zip

732-881-1577

Daytime Telephone number

Amir.Khan@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

PHYSICIANS ELECTRON-THERAPY SOLUTIONS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
970 LAKE CARILLON DRIVE
SUITE 300
ST. PETERSBURG, FL 33716

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELECTRO THERAPY EQUIPMENT
SALES AND RENTAL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMIR KHAN, PRESIDENT/DIRECTOR
Address: 11 BROTHERHOOD ST
PISCATAWAY, NJ 08854

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: AMIR KHAN
Address: 970 LAKE CARILLON DRIVE, SUITE 300
ST. PETERSBURG, FL 33716

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMIR KHAN
Address: 970 LAKE CARILLON DRIVE SUITE 300
ST. PETERSBURG, FL 33716

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

Amir Khan

Required Signature/Registered Agent

06/19/2012

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.

Amir Khan

Required Signature/Incorporator

06/19/2012

Date

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