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(Re	equestor's Name)			
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(Address)				
(Cir	ty/State/Zip/Phone #	<u>a </u>		
(0)	ty/Otate/Zip/r-Horie #	7)		
PICK-UP	WAIT	MAIL		
(D)	usiness Entity Name	<u>, </u>		
(60	isiness Enuty Name	7)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	f Status		
				
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 OCT -9 PM 2: 04

COVER LETTER

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

_{SUBJECT:} Ash	a K. Gupta, M.D	., P.A.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>ude Suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: A	sha K. Gupta, M	.D.	
	Nam	e (Printed or typed)	
1:	309 Middle River	· Drive	
		Address	
F	ort Lauderdale, F		
	<i></i> - .	, State & Zip	
9:	54-234-5674		

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

Daytime Telephone number

vijay_Gupta@aol.com

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

ARTICLES OF INCORPORATION

	In compliance with Chapter 607 and/ En compliance with Chapter 607 and/ Sign shall be: Asha K. Gupta, M.	or Chapter 621, F	UIVISION OF COOR STATE
The name of the corporat	Endon shall be: Asha K. Gupta, M.	D., P.A.	2013 OCT - CORPORATION:
ARTICLE II PRIM	NCIPAL OFFICE Principal street address		2013 OCT -9 PM 2: 04 Mailing address, if different is:
Fort Lauderda			
ARTICLE III PURI The purpose for which th	POSE he corporation is organized is:	Care Profe	ession
		,	
	RES Stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Asha K. Gupta, M.D., President		Vijay K. Gupta, Director
Address	1308 Middle River Drive	Address:	1309 Middle River Drive
	Fort Lauderdale, FL 33304		Fort Lauderdale, FL 33304
Name and Title:		Name and Title	
Address		Address:	
			·
Address			

SECRETARY OF STATE DIVISION OF CORPORATION:

Name an	d Title:	Name and Tite	3 OCT -9 PM 2: 04
Address		Address:	
			
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	`the registered age	nt ic
" "	Vijay K. Gupta	the registered age	
Name:	1309 Middle River Drive		
Address:	Fort Lauderdale, FL 33304	•	
	Torr Education, TE 00004	-	
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Vijay K. Gupta		
Address:	1309 Middle River Drive		
	Fort Lauderdale, FL 33304		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	Required Signature/Registered Agent	······································	Date
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felong		
	V-CD		October 5, 2013
	Required Signature/Incorporator		Date