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14 MAY -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Countryside Pediatric Care, 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: **Monica Kharbanda**

Name (Printed or typed)

2352 Messenger Circle

Address

Safety Harbor, FL 34695

City, State & Zip

727-434-2035

Daytime Telephone number

gs0101@yahoo.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:

Countryside Pediatric Care, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1840 Mease Drive, Suite 405

Safety Harbor, FL 34695

Mailing address, if different is:

2352 Messenger Circle

Safety Harbor, FL 34695

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica kharbanda (Director)

Address 2352 Messenger Circle

Safety Harbor, FL 34695

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

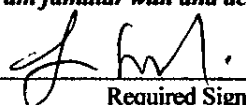
Name: Gunjan Singh
Address: 2352 Messenger Circle
Safety Harbor, FL 34695

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica kharbanda
Address: 2352 Messenger Circle
Safety Harbor, FL 34695

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

MAY 1, 2014
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

05/01/2014
Date

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TALLAHASSEE FLORIDA