

PI4 000071163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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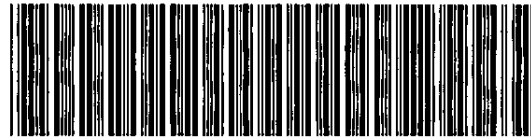
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/25/14--01021--012 \*\*78.75

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DIVISION OF CORPORATE AFFAIRS  
AUG 25 PM 3:40

B 8/26/14

## COVER LETTER

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

SUBJECT: **Meena Shah, M. D., "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: **Meena Shah**

Name (Printed or typed)

**1015 Eldorado Avenue,**

Address

**Clearwater, FL 33767**

City, State & Zip

**727 455 7674**

Daytime Telephone number

**kirits007@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: Meena Shah, M.D. "P.A."

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1015 Eldorado Avenue

Clearwater

FL 33767

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To offer Psychiatric and other related services.

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27 AUG 25 PM 3:40  
HVS 18H 0170

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Meena Shah, M.D. Name and Title: President/CEO

Address 1015 Eldorado Avenue

Address: \_\_\_\_\_

Clearwater

FL 33767

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(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: Meena Shah, M.D.  
Address: 1015 Eldorado Avenue  
Clearwater, FL 33767

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Meena Shah, M. D.  
Address: 1015 Eldorado Avenue  
Clearwater, FL 33767

*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 8/21/14  
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 8/21/14  
Date