

P140000092972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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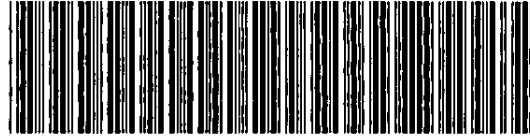
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV 14 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 11/17/14

COVER LETTER

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

SUBJECT: Parkside Heart and Vascular Institute 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Nasir Khalidi
Name (Printed or typed)
3420 Tamiami Trail , Suite 3
Address
Port Charlotte FL 33952
City, State & Zip
941 629 2111
Daytime Telephone number
nasir@khalidi.net
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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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Parkside Heart and Vascular Institute, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3420 Tamiami Trail , suite 3

Port Charlotte FL 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Medical services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Farhan Majeed, Pres

Name and Title: _____

Address 3420 Tamiami Trail

Address: _____

Port Charlotte

FL 33952

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:

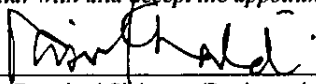
Name: Nasir Khalidi
Address: 3420 Tamiami Trail, Suite 3
Port Charlotte FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nasir Khalidi
Address: 3420 Tamiami Trail, suite 3
Port Charlotte FL 33952

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

11/12/2014

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

11/12/2014

Date

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