

P15000082415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

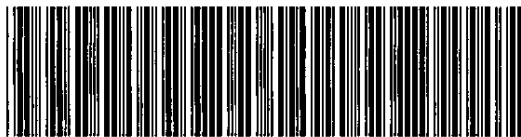
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Certificates of Status

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S. GILBERT

COVER LETTER

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

SUBJECT: Amandeep Kaur, 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: Amandeep Kaur

Name (Printed or typed)

2600 South University Drive, Apartment 319

Address

Davie, FL 33328

City, State & Zip

630-270-8868

Daytime Telephone number

AKAUR0015@GMAIL.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: AMANDEEP KAUR, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9040 SOUTHWEST 152ND STREET
PALMETTO BAY, FL 33157

Mailing address, if different is: STATE
2600 SOUTH UNIVERSITY DRIVE, FLORIDA
APARTMENT 319
DAVIE, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHYSICIAN

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: AMANDEEP KAUR

Address: 2600 SOUTH UNIVERSITY DRIVE, APT 319

DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AMANDEEP KAUR

Address: 2600 S. UNIVERSITY DRIVE, APT 319

DAVIE, FL 33328

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Amandeep Kaur

Required Signature/Registered Agent

09/21/2015

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.

Amandeep Kaur

Required Signature/Incorporator

09/21/2015

Date

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO
05/23/2015	OS 13356	50756

THE OSTEOPATHIC PHYSICIAN

named below has met all requirements of
the laws and rules of the state of Florida

Expiration Date: **MARCH 31, 2016**

AMANDEEP KAUR

2001 WEST 68TH STREET

SUITE 202

HIALEAH, FL 33016



Rick Scott
GOVERNOR

John H. Armstrong
STATE SURGEON

GOVERNOR

STATE SURGEON

DISPLAY IF REQUIRED BY LAW