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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

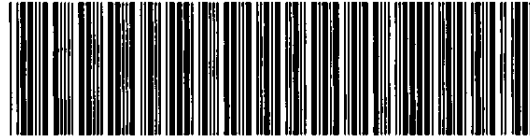
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 5 2015

## COVER LETTER

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

**SUBJECT:** FLORIDA RHEUMATOLOGY ASSOCIATES INC

(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:** Amina Pervez Chatha MD

Name (Printed or typed)

4915 Mandolin Ct

Address

Winter Haven FL 33884

City, State & Zip

716-430-2836

Daytime Telephone number

chathaamina@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2015

AMINA PERVEZ CHATHA MD  
4915 MANDOLIN CT  
WINTER HAVEN, FL 33884

SUBJECT: FLORIDA RHEUMATOLOGY ASSOCIATES INC  
Ref. Number: W15000070423

We have received your document for FLORIDA RHEUMATOLOGY ASSOCIATES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 815A00022499

**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: Florida Rheumatology Associates Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6801 U.S. Highway 27 N Suite A2

Sebring FL 33870

Mailing address, if different is:

4915 Mandolin Ct

Winter Haven FL 33870

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: professional corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Amina Pervez Chatha

Address 4915 Mandolin Ct

Winter Haven FL 33884

President

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

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

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

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

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

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

FILED  
2015 NOV -4 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Amina Pervez Chatha MD

Address: 4915 Mandolin Ct

Winter Haven FL 33884

**ARTICLE VII INCORPORATOR**

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

Name: Amina Pervez Chatha MD

Address: 4915 Mandolin Ct

33884

**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*

Chatha MD Amina Pervez Chatha MD  
Required Signature/Registered Agent

10/13/2015  
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.*

Chatha MD Amina Pervez Chatha MD  
Required Signature/Incorporator

10/13/2015  
Date