

Division of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Deepa.doraisamy@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION GRACE MED PA

Certificate of Status	1
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FLORIDA
CORPORATIONS
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GRACE MED PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11934 ANGLE POND AVENUE
WINTERMERE, FL 34786

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FLORIDA STATE
REGISTRY OF CORPORATIONS

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 SHARES AT NO PAR VALUE

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of :**MEDICAL DOCTOR**

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DEEPA DORAISAMY
11934 ANGLE POND AVENUE
WINDERMERE, FL 34786

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

DEEPA DORAISAMY - PRESIDENT
11934 ANGLE POND AVENUE
WINDERMERE, FL 34786

ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DEEPA DORAISAMY
11934 ANGLE POND AVENUE
WINDERMERE, FL 34786

ARTICLES VII EFFECTIVE DATE

The date of Corporate Existence shall begin is:

Upon Filing

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29th day of February 2016

Deepa Doraamy

DEEPA DORAISAMY
SIGNATURE

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GRACE MED PA

2. The name and address of the registered agent and office is:

DEEPA DORAISAMY
Name11934 ANGLE POND AVENUE
(P.O. Box or Mail Drop Box NOT Acceptable)WINTERMERE, FL 34786
(City - State - Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Deepa DoraismayDEEPA DORAISAMY
SIGNATURE02/29/2016
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