

P160000029842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

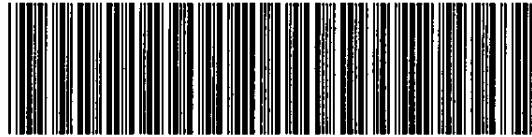
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED MAR 14 REC'D

Office Use Only



100282232601

FILED
16 APR -4 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/15/16--01007--018 **70.00

W116-21369

MD 4/5

COVER LETTER

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

MARCO ISLAND ANESTHESIOLOGY, P.C.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ZAHEER KARIM, M.D.

Name (Printed or typed)

100 N COLLIER BLVD UNIT 405

Address

MARCO ISLAND, FL 34145

City, State & Zip

413-977-1835

Daytime Telephone number

ZKarimMD@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

March 22, 2016

ZAHEER KARIM, M.D.
100 N. COLLIER BLVD., UNIT 405
MARCO ISLAND, FL 34145

SUBJECT: MARCO ISLAND ANESTHESIOLOGY, PC
Ref. Number: W16000021369

We have received your document for MARCO ISLAND ANESTHESIOLOGY, PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 216A00005864

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: MARCO ISLAND ANESTHESIOLOGY, ~~PC~~ P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

100 N COLLIER BLVD UNIT 405

MARCO ISLAND, FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL/ANESTHESIOLOGY Professional Services

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZAHEER S. KARIM-JETHA, M.D. Pres

Name and Title:

Address 100 N COLLIER BLVD UNIT 405

Address:

MARCO ISLAND, FL 34145

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: ZAHEER KARIM, M.D.
Address: 100 N COLLIER BLVD UNIT 405
MARCO ISLAND, FL 34145

ARTICLE VII INCORPORATOR

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

Name: ZAHEER KARIM, M.D.
Address: 100 N COLLIER BLVD UNIT 405
MARCO ISLAND, FL 34145

FILED
16 APR -4 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Zaheer Karim, M.D.

Required Signature/Registered Agent

3/10/16
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.

Zaheer Karim, M.D.

Required Signature/Incorporator

3/10/16.
Date