

From:

P17000093138

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (838) 692-9256

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
American Telestroke & Neurology Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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NOV 22 2017

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Corporate Filing Menu

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From:

11/21/2017 06:09

#280 P.002/003

**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: American Telestroke & Neurology Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9405 Toulon Blvd

Seffner FL 33584

Mailing address, if different is:

9405 Toulon Blvd

Seffner FL 33584

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Zahid Choudary/PRESIDENT

Address: 9405 Toulon Blvd

Seffner FL 33584

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

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

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

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

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

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

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

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

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

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

17 NOV 21 PM 12:00  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA

From:

11/21/2017 08:09

#280 P.003/003

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: Zahid Choudary  
Address: 9405 Toulon Blvd  
Seffner FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Zahid Choudary  
Address: 9405 Toulon Blvd  
Seffner FL 33584

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.

① \_\_\_\_\_  
Required Signature Registered Agent 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.

② \_\_\_\_\_  
Required Signature Incorporator Date