

P19000038176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

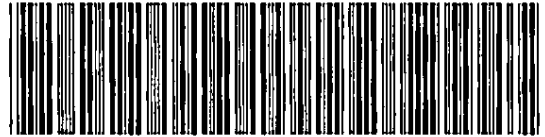
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAR 18 PM 3:57

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

M SIMMONS

MAR 18 2019

## COVER LETTER

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

**SUBJECT:** SPECIALISTS IN MEDICAL CONSULTING PA  
(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:** MICHAEL F KAYUSA  
Name (Printed or typed)

2077 FIRST STREET, STE 201  
Address

FORT MYERS, FL 33901  
City, State & Zip

239-334-8200  
Daytime Telephone number

mlk@mlkayusa.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: Specialists in Medical Consulting PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5030 Mason Corbin Ct.

Ft. Myers, FL 33907

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Consulting

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CLERK OF DISTRICT COURT  
ST. LUCAS COUNTY, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Tejvir Singh Chada, President

Name and Title: Sarah Chadha, Vice President

Address: 5030 Mason Corbin Ct.

Address: 5030 Mason Corbin Ct.

Ft. Myers, FL 33907

Ft. Myers, FL 33907

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: Michael F. Kayusa, Esquire  
Address: 2077 First Street, Suite 201  
Fl. Myers, FL 33901

**ARTICLE VII INCORPORATOR**

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

Name: Michael F. Kayusa, Esquire  
Address: 2077 First Street, Suite 201  
Fl. Myers, FL 33901


**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 days prior or 90 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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

4/18/19

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

4/18/19

\_\_\_\_\_  
Date

# MICHAEL F. KAYUSA

ATTORNEY AT LAW

2077 First Street, Suite 201, Fort Myers, Florida

Mailing address: Post Office Box 2237, Fort Myers, Florida 33902  
(239) 334-8200 fax: (239) 334-2899 e-mail: [mfk@mfkayusa.com](mailto:mfk@mfkayusa.com)

## MEMORANDUM

DATE: April 18, 2019  
TO: Marti Simmons  
FROM: Michael F. Kayusa, Esq.  
RE: Letter Number 819A00005938

Please find enclosed the new application for Specialists in Medical Consulting PA and a copy of letter 819A00005938 as requested.

\Should you have any questions please do not hesitate to call the office.

Enclosure(s) as stated