

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

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

Email Address: zpanthaki@med.miami.edu

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 25 PM 3:23

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
ZUBIN J. PANTHAKI MD PA

Certificate of Status	1
Certified Copy	1
Page Count	04
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COVER LETTER

2/4

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

SUBJECT: ZUBIN J. PANTHAKI MD 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
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: ZUBIN J. PANTHAKI

Name (Printed or typed)

6002 SW 58TH STREET

Address

SOUTH MIAMI, FL 33143

City, State & Zip

305-803-7511

Daytime Telephone number

ZPanthaki@med.miami.edu

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)

3/4

ARTICLE I NAME

The name of the corporation shall be: ZUBIN J. PANTHAKI MD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6002 SW 58TH STREET

6002 SW 58TH STREET

SOUTH MIAMI, FL 33143

SOUTH MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL CONSULTATION

ARTICLE IV SHARES

1,000 SHARES AT \$1.00 PAR VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZUBIN J. PANTHAKI

Name and Title: N/A

Address 6002 SW 58TH STREET

Address: _____

SOUTH MIAMI, FL 33143

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

4/4

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: ZUBIN J. PANTHAKI

Address: 6002 SW 58TH STREET

SOUTH MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ZUBIN J. PANTHAKI

Address: 6002 SW 58TH STREET

SOUTH MIAMI, FL 33143

ARTICLE VIII EFFECTIVE DATE:

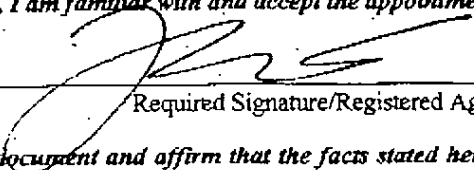
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

X



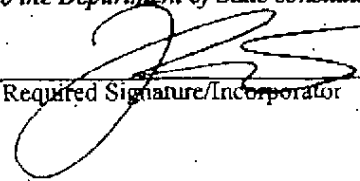
Required Signature/Registered Agent

10/25/2019

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.

X



Required Signature/Incorporator

10/25/2019

Date