

P19000090260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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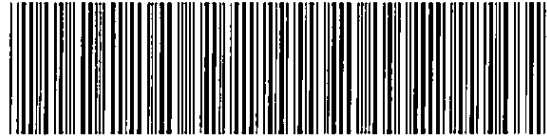
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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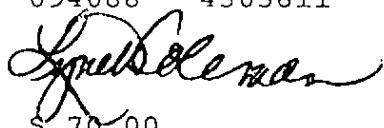
N CULLIGAN  
DEC 10 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 094088 4305611

AUTHORIZATION :



COST LIMIT : \$ 70.00

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ORDER DATE : December 9, 2019

ORDER TIME : 3:09 PM

ORDER NO. : 094088-005

CUSTOMER NO: 4305611  
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DOMESTIC FILING

NAME: EMERGENCY AND INTERVENTIONAL  
SPECIALISTS INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT. 62980

EXAMINER'S INITIALS: \_\_\_\_\_

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Emergency and Interventional Specialists Inc.

SECRETARY OF STATE

TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address  
288 Beach Drive Northeast Apartment 11C  
Saint Petersburg, FL 33701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical management company

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deepak Das, M.D., Director

Address: 288 Beach Drive Northeast, Apt. 11C  
Saint Petersburg, FL 33701

Name and Title: Manasi Samir Shah, M.D., Director

Address: 288 Beach Drive Northeast, Apt. 11C  
Saint Petersburg, FL 33701

Name and Title: Deepak Das, M.D., President of  
Interventional Services

Address: 288 Beach Drive Northeast, Apt. 11C  
Saint Petersburg, FL 33701

Name and Title: Manasi Samir Shah, M.D., President of  
Emergency Services

Address: 288 Beach Drive Northeast, Apt. 11C  
Saint Petersburg, FL 33701

Name and Title: Deepak Das, M.D., Secretary, Treasurer

Address: 288 Beach Drive Northeast, Apt. 11C  
Saint Petersburg, FL 33701

Name and Title:

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: Deepak Das, M.D.  
Address: 288 Beach Drive Northeast Apartment 11C  
Saint Petersburg, FL 33701

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**ARTICLE VII INCORPORATOR**

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

Name: Deepak Das, M.D.  
Address: 288 Beach Drive Northeast Apartment 11C  
Saint Petersburg, FL 33701

**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*

Deepak Das, M.D.

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

12/ 07 /19  
Date

Deepak Das, M.D.

*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

12/ 07 /19  
Date