

P22000000937

(Requestor's Name)

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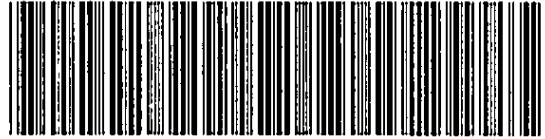
(Business Entity Name)

(Document Number)

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

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*2/7/22*

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COVER LETTER

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

SUBJECT: NACFLA.R, P.A.  
(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: Brenda Horton, Benesch Law  
Name (Printed or typed)

200 Public Square, Suite 2300  
Address

Cleveland, Ohio 44114  
City, State & Zip

352-636-6452  
Daytime Telephone number

caycrigg@nacfla.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

REC'D  
TALLAHASSEE  
2022 JUN 21 AM 1:38

**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: NACFLA.R. P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

807 S. ORLANDO AVENUE, SUITE C  
WINTER PARK, FLORIDA 32789

807 S. ORLANDO AVENUE, SUITE C  
WINTER PARK, FLORIDA 32789

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

TO PERFORM CLINICAL RESEARCH

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title:	<u>TIMOTHY D. YOUELL, DR., SD</u>	Name and Title:	<u>UDAY K. RANJIT, DR., PD</u>
Address	<u>807 S. ORLANDO AVENUE</u>	Address:	<u>807 S. ORLANDO AVENUE</u>
	<u>SUITE C</u>		<u>SUITE C</u>
	<u>WINTER PARK, FL 32789</u>		<u>WINTER PARK, FL 32789</u>

Name and Title:	<u>JOSE L. SANTINI, DR., ASD</u>	Name and Title:	<u>JEFFREY M. COHEN, DR., TD</u>
Address	<u>807 S. ORLANDO AVENUE</u>	Address:	<u>807 S. ORLANDO AVENUE</u>
	<u>SUITE C</u>		<u>SUITE C</u>
	<u>WINTER PARK, FL 32789</u>		<u>WINTER PARK, FL 32789</u>

Name and Title:	<u>ELPIDIO A. ABREU, DR., VD</u>	Name and Title:	<u>FAWAD AHMED, DR., VD</u>
Address	<u>807 S. ORLANDO AVENUE</u>	Address:	<u>807 S. ORLANDO AVENUE, SUITE C</u>
	<u>SUITE C</u>		<u>WINTER PARK, FL 32789</u>
	<u>WINTER PARK, FL 32789</u>		

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ENTITY NAME: NACFLA.R, P.A.

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS (CONTINUED)

TITLE NAME ADDRESS CITY-STATE-ZIP	VD UDAY DESAI, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD LAZARO L. DELGADO, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD FLORIN GADALEAN, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD MARK A. LAGATTA, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD JORGE A. LARRANAGA, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD ARVIND MADAN, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD GOPEN N. MUKHERJEE, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD SAIF UR REHMAN, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD ALFRED RODRIGUEZ, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD MOHAMMAD SIDDIQUI, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME	VD JAVED A. SYED, DR.

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ENTITY NAME: NACFLA.R, P.A.

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS (CONTINUED)

ADDRESS CITY-STATE-ZIP	807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD MARK WILLIAMS, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD ROBERT SULLIVAN, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD JOAQUIN ROSARIO-CACHO, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD IVAN D. MAYA, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD JORGE KOURIE, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD JAFAR MAHMOOD, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD CYRIL KURIAKOSE, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD VIRESH MOHANLAL, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD MIGUEL PORTOCARRERO, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS CITY-STATE-ZIP	VD PAUL DREYER, DR. 807 S. ORLANDO AVENUE, SUITE C WINTER PARK, FL 32789
TITLE NAME ADDRESS	VD REJI NAIR, DR. 807 S. ORLANDO AVENUE, SUITE C

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ENTITY NAME: NACFLA.R, P.A.

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS (CONTINUED)

CITY-STATE-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	AMAPOLA D. WHITESIDE, DR.
ADDRESS	807 S. ORLANDO AVENUE, SUITE C
CITY-STATE-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	ANTONIO A. ARMSTRONG, DR.
ADDRESS	807 S. ORLANDO AVENUE, SUITE C
CITY-STATE-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	JOSEPH W. WARREN, DR.
ADDRESS	807 S. ORLANDO AVENUE, SUITE C
CITY-STATE-ZIP	WINTER PARK, FL 32789

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SECRETARY  
TALL

1000

Name and Title: AMIT BHARGAVA, DR., VD Name and Title: VASUDEVA BOMMINENI, DR., VD  
 Address: 807 S. ORLANDO AVENUE, SUITE C Address: 807 S. ORLANDO AVENUE, SUITE C  
WINTER PARK, FL 32789 WINTER PARK, FL 32789

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CHRISTOPHER AYCRIGG  
 Address: 807 S. ORLANDO AVENUE, SUITE C  
WINTER PARK, FL 32789

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: UDAY K. RANJIT, M.D.  
 Address: 807 S. ORLANDO AVENUE, SUITE C  
WINTER PARK, FL 32789

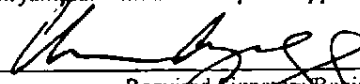
**ARTICLE VIII EFFECTIVE DATE:**

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

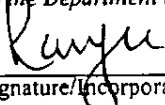
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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  1/17/22  
 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.*

X  1/17/22  
 Required Signature/Incorporator Date

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 TALL  
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