

P24000075709

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NADIM RAYESS MD P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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

ARTICLE I NAME NADIM RAYESS MD P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

602 S MAC DILL AVE

TAMPA, FL 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICINE

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ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NADIM RAYESS MD, PRESIDENT Name and Title: _____

Address 602 S MAC DILL AVE Address: _____

TAMPA, FL 33609

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: NADIM RAYESS MD
Address: 602 S MAC DILL AVE
TAMPA, FL 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NADIM RAYESS MD
Address: 602 S MAC DILL AVE
TAMPA, FL 33609

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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

/s/ NADIM RAYESS MD _____ 12/06/2024
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.

/s/ NADIM RAYESS MD _____ 12/06/2024
Required Signature/Incorporator Date