

# P96000047389

## TRANSMITTAL LETTER

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

ENCLOSURE 1-4-96 118  
-05/30/96-111112-007  
\*\*\*\*\*0.75 \*\*\*\*\*0.75

JACKSONVILLE FAMILY DENTISTRY,  
SUBJECT: SAM ELGEZIRY D.M.D., PA  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: SAMEH A. ELGEZIRY  
Name (printed or typed)

Home - 10136 ARROWHEAD DRIVE EAST #3  
Address

JACKSONVILLE, FL 32257  
City, State & Zip

(904) 268-7345  
Daytime Telephone number

Janet Elgeziry GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ART III  
DATE 6-6-96  
DOC. EXAM 1CR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 MAY 29 AM 8:26

FILED

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

6-5-96  
1CR

**ARTICLES OF INCORPORATION**

FILED

96 MAY 29 AM 8:24

SECRETARY OF STATE

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

JACKSONVILLE FAMILY DENTISTRY,  
SAM ELGEZIRY D.M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

3127 ATLANTIC BOULEVARD, SUITE 113  
JACKSONVILLE, FLORIDA., 32207

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE (1)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

SAMEH A. ELGEZIRY  
3127 ATLANTIC BOULEVARD, SUITE 113  
JACKSONVILLE, FLORIDA., 32207

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SAMEH A. ELGEZIRY, D.M.D.  
3127 ATLANTIC BOULEVARD, SUITE 113  
JACKSONVILLE, FLORIDA., 32207  
PURPOSE: A DENTAL OFFICE

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28<sup>th</sup> day of MAY, 19 96.

(An additional article must be added if an effective date is requested.)

Sameh Elgeziry D.M.D.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

JACKSONVILLE FAMILY DENTISTRY,  
SAM ELGEZIRY, D.M.D., P.A.

2. The name and address of the registered agent and office is:

SAMEH A. ELGEZIRY D.M.D.  
(NAME)

3127 ATLANTIC BOULEVARD SUITE 113  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

JACKSONVILLE, FLORIDA 32207  
(CITY/STATE/ZIP)

FILED  
96 MAY 29 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Sam Elgeziry D.M.D.*  
(SIGNATURE)

5/28/1996  
(DATE)