P96000084011

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

SUBJECT: SAMEER MEHTA P.A.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$______. (CC1476)

FROM:

Name

3270 Scu 1757

Address

M/AMI F/ 33/45

City, State, & Zip

(>05) 442 4403

Telephone Number

Man compared Mer 11 36 1967-01057-013 30 444-245.00 444-122.50

ARTICLES OF INCORPORATION

<u>OF</u>

SAMEER MEHIA P.A.

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:

SAMBER MEHTA P.A

ARTICLE II PRINCIPAL OFFICE

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

300 SHORE DRIVE EAST MAMI FI 33136

ARTICLE III CAPITAL STOCK

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

100 COMMON SHARES \$1.00 PAR VALUE EACH.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MR SAMEER MEHTA. BOD SHORE DRIVE EAST MIAHLI FI 33136

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
MR. SAMEER MEHTA
300 SHORE DRIVE EAST
M/AMI (=1 3313C
11/441 1-1 32176
ARTICLE VI PURPOSE
THE PURPOSE OF THE PROFESSIONAL ASSOCIATION IS TO OPERATE A PHYSICIAN PRACTICE
The undersigned has(have) executed these Articles of Incorporation this
Ol day of OCTOBER, 19 96.
Smelvh
Signature/Title
- Signature/Title
Signature/Title
STATE OF FLORIDA COUNTY OF DADE
BEFORE ME, a Notary Public authorized to take acknowledgement in the State and county set forth above, personally appeared, all the above Incorporators known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.
IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this
Relia R. Mayori Notary Public
My Comm Eqs. 4/14/00 / Service inc
My Commission Expires:

CERTIFICATE OF DESIGNATION 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.

de	esignating the registered office/registered agent, in the state of Florida.
1.	The name of the corporation is: SAMEER HEHTA PA
2.	The name and address of the registered agent and office is: SAMEER MEHTA 8
	300 SHORE DRIVE EAST. 1
	(P.O. BOX NOT ACCEPTABLE) HIAMI FI 33 136
	(CITY/STATE/ZIP)
	SIGNATURE (corporate officer)
	TITLE
	DATE 01-10-96
PR TH AN PR FC	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERMITMENCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE 01-10-96
	DATE 01-10-96