

TRANSMITTAL LETTER

P97000021254

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

SUBJECT: RAM PRAKASH BATRA MD 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 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

400002102824--2
-03/03/97--01124--007
*****70.00 *****70.00

FROM: RAM PRAKASH BATRA
Name (printed or typed)
38172 MEDICAL CENTER AVE
Address
ZEPHYRHILLS, FL-33540
City, State & Zip
(813) 783-1859
Daytime Telephone number

Dmc
3/7/97

FILED
97 MAR -3 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

OF

RAM PRAKASH BATRA MD PA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act 621, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

RAM PRAKASH BATRA MD PA

ARTICLE II PRINCIPAL OFFICE AND NATURE OF BUSINESS

MEDICAL SERVICES

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

38172 MEDICAL CENTER AVE, ZEPHYRHILLS, FL-33540

NATURE OF BUSINESS: MEDICAL SERVICES

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAM PRAKASH BATRA 38172 MEDICAL CENTER AVE, ZEPHYRHILLS, FL-33540

FILED

97 MAR -3 PM 2:09

SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

RAM PRAKASH BATRA

38172 MEDICAL CENTER AVE
ZEPHYRHILLS, FL-33540

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

27th day of February, 1997.

X R.P. Batra
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

FILED
97 MAR -3 PM 2:09
STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: RAM PRAKASH BATRA MD PA

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

RAM PRAKASH BATRA

(Name)

38172 MEDICAL CENTER AVE

(P.O. Box not acceptable)

ZEPHYRHILLS, FL-33540

(City/State/Zip)

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.

X R. P. Batra

(Signature)