

P9.7000069173

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
97 AUG -8 AM 10:17
TALLAHASSEE, FLORIDA
STATE SECRETARY

SUBJECT: Syed W. Ali, M.D., P.A.

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 REQUESTED

FROM: Syed W. Ali

300002261443--9
-08/08/97--01053--004
****122.50 ****122.50

301 Health Park Blvd. #G221

St. Augustine, Fl. 32086

904-824-5386

Syed Ali GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Puraz*
DATE *8-11-97*
DOC. EXAM *D. Callaway*

*Medical
Infectious
Disease Clinic
& Medical*

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

*Qandari
8/11/97*

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
Syed W. Ali, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
301 Health Park Blvd. #G221, St. Augustine, Florida 32086

ARTICLE III SHARES

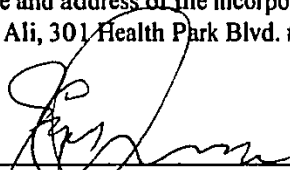
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of voting common stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Syed W. Ali, 301 Health Park Blvd. #G221, St. Augustine, Florida 32086

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Syed W. Ali, 301 Health Park Blvd. #G221, St. Augustine, Florida 32086



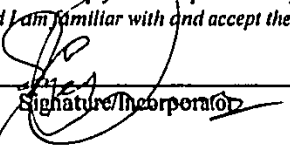
Signature/Incorporator

8/05/97

Date

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

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.



Signature/Incorporator

8/05/97

Date

Specific Nature of Business: Render Medical Services for Infectious Disease

FILED
97 AUG -8 11 10 17
SECRETARY
TALLAHASSEE
FLORIDA