

TRANSMITTAL LETTER

P98000008011

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

000002410630--4  
-01/23/98--01102--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: KANCHAN PARASHER 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

FROM: KANCHAN PARASHER  
Name (printed or typed)

11017 N. DALE MABRY, STE#B

Address

TAMPA, FL-33618

City, State & Zip

(813)968-1727

Daytime Telephone number

DEPT OF STATE  
TALLAHASSEE, FLORIDA

98 JAN 23 AM 9:11

FILED

F. CHESSEB JAN 27 1998

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

# ARTICLES OF INCORPORATION OF

KANCHAN PARASHER 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:

KANCHAN PARASHER MD PA

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TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE AND NATURE OF BUSINESS

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

11017 N.DALE MABRY, STE#B, TAMPA, FL-33618

NATURE OF BUSINESS: MEDICAL PRACTITIONER

## 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:

KANCHAN PARASHER 11017 N.DALE MABRY STE#B, TAMPA, FL-33618

**ARTICLE V INCORPORATOR(S)**

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

KANCHAN PARASHER

11017 N.DALE MABRY, STE#B, TAMPA, FL-33618

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

20<sup>th</sup> day of January, 1998.

8 Kanchan Parasher  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

# 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: KANCHAN PARASHER MD PA

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

KANCHAN PARASHER  
(Name)

11017 N. DALE MABRY, STE#B  
(P.O. Box not acceptable)

TAMPA, FL-33618  
(City/State/Zip)

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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.*

Kanchan Parasher  
(Signature)