

P98000008664

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

600002411606--7  
-01/26/98--01074--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: SYED SHUJAT ALI 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: SYED SHUJAT ALI  
Name (printed or typed)  
17104 CARRINGTON PARK DR, #513  
Address  
TAMPA, FL-33647  
City, State & Zip  
(813) 977-4518  
Daytime Telephone number

FILED  
98 JAN 26 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*[Handwritten signature]*  
1/28/98

# ARTICLES OF INCORPORATION

OF

SYED SHUJAT ALI MD PA

FILED  
98 JAN 26 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

SYED SHUJAT ALI MD PA

## ARTICLE II PRINCIPAL OFFICE AND NATURE OF BUSINESS

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

17104 CARRINGTON PARK DR, #513, TAMPA, FL-33647

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:

SYED SHUJAT ALI 17104 CARRINGTON PARK DR, #513, TAMPA, FL-33647

**ARTICLE V INCORPORATOR(S)**

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

SYED SHUJAT ALI

17104 CARRINGTON PARK DR, #513, TAMPA, FL-33647

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

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

*Syed Shujat Ali*  
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: SYED SHUJAT ALI MD PA

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

SYED SHUJAT ALI

(Name)

17104 CARRINGTON PARK DR, #513

(P.O. Box not acceptable)

TAMPA, FL-33647

(City/State/Zip)

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*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.*

*Syed Shujat Ali*  
(Signature)