TRANSMITTAL LETTER

P98000036732

FILED
98 APR 22 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Siva S. Gummadi, M.D., P.A.
(Proposed corporate name - must include suffix)

100002496651--6
-04/22/98--01069--006
*****78.75 *****78.75

3

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 REQUIRED

FROM: Siva S. Gummadi, M.D.
Name (Printed or typed)

1255 Masada Lane
Address

Spring Hill, FL 34608
City, State & Zip

352-684-1806
Daytime Telephone number

F. CHESSER APR 23 1998

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

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.

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ARTICLE I NAME

The name of the corporation shall be:

Siva S. Gummadi, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

1255 Masada Lane
Spring Hill, FL 34608

ARTICLE III SHARES

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

250,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Dr. Siva Gummadi, M.D.
1255 Masada Lane
Spring Hill, FL 34608

ARTICLE V INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are:

Siva S. Gummadi, M.D.
1255 Masada Lane
Spring Hill, FL 34608

Gummadi
Signature/Incorporator

4.20.98
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

Gummadi
Signature/Registered Agent

4.20.98
Date

ARTICLE VI:

Siva S. Gummadi, M.D., P.A. is organized to own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, advice or consultation will be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act.

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