

TRANSMITTAL LETTER

P 980000 80163

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

FILED
98 SEP 11 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HARESH SAWLANI 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

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-09/11/98--01073--005
*****70.00 *****70.00

FROM: HARESH SAWLANI
Name (printed or typed)

8910 N. DALE MABRY, STE#37
Address

TAMPA, FL-33614
City, State & Zip

(813) 931-7258
Daytime Telephone number

F. CHESSEY SEP 16 1998

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

ARTICLES OF INCORPORATION

OF

HARESH SAWLANI 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:

HARESH SAWLANI MD PA

ARTICLE II PRINCIPAL OFFICE AND NATURE OF BUSINESS

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

8910 N.DALE MABRY, STE#37, TAMPA, FL-33614

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:

HARESH SAWLANI 8910 N.DALE MABRY, STE#37, TAMPA, FL-33614

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ARTICLE V INCORPORATOR(S)

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

HARESH SAWLANI 8910 N. DALE MABRY, STE#37, TAMPA, FL-33614

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

8th day of September, 1998.


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: HARESH SAWLANI MD PA

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

HARESH SAWLANI

(Name)

8910 N. DALE MABRY, STE#37

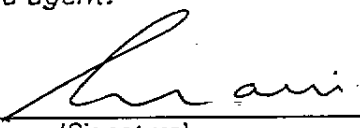
(P.O. Box not acceptable)

TAMPA, FL-33614

(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.


(Signature)