

P99000028366
TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 23 AM 11:04

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

700002815187--8
-03/23/99-01048-008
*****87.50 *****87.50

SUBJECT: GUTTI J. RAO 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: GUTTI J. RAO
Name (Printed or typed)

8201 OLYMPIA CT
Address

LONGWOOD FL 32779
City, State & Zip

407-786-9026 407-886-0611
Daytime Telephone number

Gutti J. Rao GAVE
AUTHORIZATION BY PHONE TO **NOTE: Please provide the original and one copy of the articles.**
CORRECT P.H. Purpose
DATE 3/24/99
DOC. EXAM Marie Brown

B. BROWN MAR 29 1999

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:

GUTTI J. RAO MD PA
for the practice of a Medical Practice.

ARTICLE II PRINCIPAL OFFICE

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

8201 OLYMPIA CT
LONGWOOD FL 32779

ARTICLE III SHARES

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

10,000-Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gutti J. Rao MD 8201 OLYMPIA CT
LONGWOOD FL 32779

ARTICLE V INCORPORATOR

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

GUTTI J. RAO MD
8201 OLYMPIA CT
LONGWOOD FL 32779

Gutti J. Rao MD
Signature/Incorporator

3/15/99
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

Gutti J. Rao MD
Signature/Registered Agent

3/15/99
Date