D9900008366 TRANSMITTAL LETTER

SECRETARY OF STATE DIVISION OF COMPERATIONS

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

700002815187--9 -03/23/99-01043-008 *****87.50 *****87.50

SUBJECT:	GUTTI J. R			<u> </u>		
	(Proposed corpora	te name - must include suff	ix)			
		a	- 1. C			
3 \$70.00	and one(1) copy of the articles \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	GUTTI J. RAE Name (Pr	inted or typed)		i de la companya de l La companya de la companya de		
	8201 OLYMPIA	ddress	<u> </u>			
	LONGWOOD FL 32779 City, State & Zip					
	407-786-9026 407-886-0611 Daytime Telephone number					
	Daytime 16	neprone number				

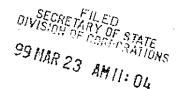
AUTHORIZATION BY PHONE TO NOTE: Please provide the original and one copy of the articles.

CORRECT FIFTH FULL BOOK

DOC. EXAM Herry Brown

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.



AR	TIC	LE	Į	NAME	ì
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The name of the corporation shall be:

GUTTI J. RAO MO PA

for the Practice of a Medical Practice.

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

INITIAL REGISTERED AGENT AND STREET

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

SULT: 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

gnature/Incorporator

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

sougholando Signature/Registered Agent