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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

asthma & allergy
Family ALLERGY & ASTHMA SPECIALISTS, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
FAMILY ASTHMA & ALLERGY SPECIALISTS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FAMILY ASTHMA & ALLERGY SPECIALISTS, INC.

The principal place of business of this corporation shall be:

5800 49TH STREET NORTH, SUITE # 102
ST. PETERSBURG, FLORIDA 33709

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: **FIVE HUNDRED** Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

LATHA M. CHAMARTHY
501 116TH Ave. N 300
ST. PETERSBURG, FL 33716

Prepared By: Lalit Abichandani
1359 Broadway, Suite#520
NYC NY 10018
Phone#(212)-564-2720

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

LATHA CHAMARTHY
5800 49TH STREET NORTH, SUITE # 102
ST. PETERSBURG, FLORIDA 33709

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 2nd day of APRIL, 1999

Signature(s) of Incorporator(s)

Latha M. Chamorthy

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

FAMILY & ASTHMA & ALLERGY SPECIALISTS, INC.

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

LATHA CHAMARTHY
501 116TH AVE. N 300
ST. PETERSBURG, FL 33716

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE X Latha M. Chamrthy

TITLE PRESIDENT.

DATE 4/02/99.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Latha M. Chamrthy

DATE 4/02/99