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Transmittal Letter

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

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-09/17/99--01043--001
*****70.00 *****70.00

SUBJECT: SHAMIMARA BORACHI 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

FROM:

SHAMIMARA N. BORACHI
Name (printed or typed)

1501 S. PINELLAS AVE. SUITE B
Address

TARPON SPRINGS, FL 34689
City, State, & Zip

(727) 943-2880
Daytime Telephone Number

FILED
99 SEP 17 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T BROWN SEP 22 1999

Articles of Incorporation

Of

SHAMIMARA BORACHI MD PA

FILED
99 SEP 17 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act 621, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHAMIMARA BORACHI MD PA

ARTICLE II PRINCIPAL OFFICE

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

1501 S.PINELLAS AVE, SUITE B,TARPON SPRINGS,FL-34689

NATURE OF BUSINESS: MEDICAL PRACTICE

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

SHAMIMARA N.BORACHI
1501 S.PINELLAS AVE,SUITE B,
TARPON SPRINGS,FL-34689

ARTICLE V INCORPORATOR(S)

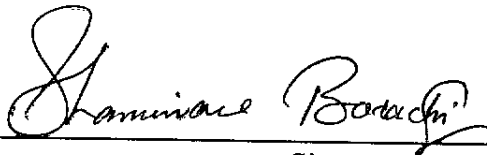
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

SHAMIMARA BORACHI

1501 S.PINELLAS AVE,SUITE B,TARPON SPRINGS,
FL-34689

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

14th Day of September, 1999.



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.

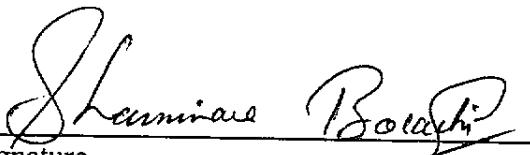
1. The name of the corporation is: SHAMIMARA BORACHI MD PA

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

SHAMIMARA N.BORACHI
1501 S.PINELLAS AVE,SUITE B
TARPON SPRINGS,FL-34689

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Having been named as the 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