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99 SEP 23 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hepsharat Amadi MD
11018 Glenwood Drive
Coral Springs FL, 33065

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Hepsharat Amadi M.D. P.A.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

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OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Hepsharat Amadi GAVE
AUTHORIZATION BY PHONE TO
CORRECT Pub. F, II & Cert.
DATE 9/28/99
DOC. EXAM Douglas Brown

Examiner's Initials

CERTIFICATE OF INCORPORATION
OF

Hepsharat Amadi M.D., P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, in order to form a corporation from the purposes hereafter stated, under the pursuant to the provisions of the General Corporation Law of the State of Florida, do hereby certify as follows:

FIRST: The name of the corporation is: Hepsharat Amadi M.D., P.A.
10220 West Sample Road - Coral Springs, Florida 33065

SECOND: The registered office of the corporation and place of business is in the State of Florida is to be location at: 11018 Glenwood Dr, Coral Springs County of Broward.

The name of the registered agent at that address is Hepsharat Amadi MD.

THIRD: The nature of the business, and the objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things therein mentioned, as fully and to the same extent as natural persons might of could do, and in any part of the world, viz . The specific purpose for which this Professional Services Corporation is formed is the practice of medicine.

FOURTH: The total number of shares which the corporation is authorized to issue is 1000 shares no par value.

FIFTH: The name and address of the incorporator is as follows:

Name	Address
Robert Hall	3800 W Broward Blvd Plantation, Florida 33312

SIXTH: The power of the incorporator are to terminate upon filing of the Certificate of Incorporation, and the name(s) and mailing address(es) of the person(s) who is (are) to serve as Director(s) until the first annual meeting of stockholders or until their successors are elected and qualify is (are) as follows:

Name
Hepsharat Amadi

Address
11018 Glenwood Dr
Coral Springs, FL 33312

SEVENTH: The Directors shall have power to make and to alter or amend the by-laws; to fix the amount to be reserved as working capital and to authorize and cause to be executed, mortgages and liens without limit as to the amount, upon the property and franchises of this Corporation.

With the consent in writing, and pursuant to a vote of the holders of a majority of the capital stock issued and outstanding, the Directors shall have authority to dispose, in any manner, of the whole property of the Corporation.

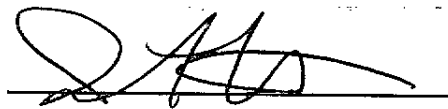
The by-laws shall determine whether and to what extent the accounts and books of this Corporation, or any of them, stockholder shall have any right of inspecting any account, or book, or document of this Corporation except as conferred by Law of the by-laws, or by resolution of the stockholders.

The stockholders and directors shall have power to hold their meeting and keep the books, documents and papers of the corporation outside the State of Florida, at such places as may be from time to time designated by the by-laws or by the resolution of the stockholders or directors, except as otherwise required by the laws of the State of Florida.

It is the intention that the objects, purpose and powers specified in the third paragraph hereof shall, except when otherwise specified in said paragraph, be in nowise limited or restricted by reference to or inference from the term of any other clause or paragraph in this Certificate of Incorporation, but that the objects, purpose and powers specified in the third paragraph and in each of the clauses or paragraphs of this charter shall be regarded as independent objects, purpose, and power.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3rd day of September 3, 1999.

Robert Hall
Incorporator



CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISION 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: Hepsharat Amadi M.D., P.A.
2. The name and address of the registered agent and the office is:

Hepsharat Amadi M.D., P.A.

11018 Glenwood Drive

Coral Springs, FL 33065

Having been named as registered agent and to accept service or process for the above
stated corporation at the place designated in this certificate. 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 obligation of my position as registered
agent.

+ Hepsharat Amadi
Signature

9-17-99
Date