

LO3000025318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

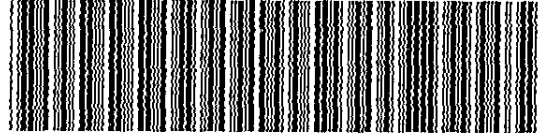
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200021268012

07/11/03--01008--019 **310.00

OK

FILED RECEIVED
03 JUL 11 11:03 AM '03
STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
03 JUL 11 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: ED

DATE: 07-11-03

REF. #: 0174.17699

CORP. NAME: 2. LINDA S. CLIFFORD, CRNA, P.L.

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 505705 FOR \$ 310.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

RECEIVED
03 JUL 11 AM 10:12
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

LINDA S. CLIFFORD, CRNA, P.L.,
a Florida professional limited liability company

FILED
03 JUL 11 PM 12:21
STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

LINDA S. CLIFFORD, CRNA, P.L.

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

600 Nokomis Avenue South
Venice, Florida 34285

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Linda S. Clifford

600 Nokomis Avenue South
Venice, Florida 34285

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

ARTICLE V
PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of anesthesia and any activity or business permitted under the laws of the United States and the State of Florida.

10th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 10th day of July, 2003.

FILED
JUL 11 12:28
TALLAHASSEE
FLORIDA

WITNESSES:

Robert D. Windsor, Jr.
Print Name Robert D. Windsor, Jr.

Linda S. Clifford
Linda S. Clifford

[Signature]
Print Name _____

“MANAGER”

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

RECEIVED
03 JUL 11 PM 12:21
STATE OF FLORIDA
TALLAHASSEE

1. The name of the Professional Limited Liability Company is:

LINDA S. CLIFFORD, CRNA, P.L.

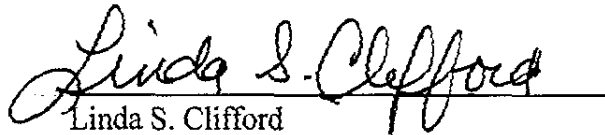
2. The name and the Florida street address of the registered agent are:

Linda S. Clifford
600 Nokomis Avenue South
Venice, Florida 34285

Having been named to accept service of process for the above stated Professional Limited Liability Company 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

7/10/03


Linda S. Clifford

“REGISTERED AGENT”