

TRANSMITTAL LETTER

**P00000067642**

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

700003821077---7  
-07/12/00---01058---004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:

LINA M ASUDANKA, M.D., P.A  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

SECRET  
TALLAHASSEE, FLORIDA

00 JUL 12 PM 4:24

FILED

FROM:

LINA ASUDANKA

Name (Printed or typed)

611 PONTE VEDRA LAKES BLVD #3901

Address

PONTE VEDRA BEACH FL 32082

City, State & Zip

904 5438177

Daytime Telephone number

155485  
1000  
1000

*No copy*

NOTE: Please provide the original and one copy of the articles.

T. Burch III 14 2000

T. Burch III 14 2000

FILED

00 JUL 12 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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.

### ARTICLE I NAME

The name of the corporation shall be:

LINA M ABUJAMRA, M.D.,

### ARTICLE II PRINCIPAL OFFICE

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

611 PONTE VEDRA LAKES #3901  
PONTE VEDRA BEACH, FL 32082

### ARTICLE III SHARES

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

1000.00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Soren Brockdorf  
4362 Kellogg Dr Jacksonville FL 32207

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Soren Brockdorf 4362 Kellogg Dr Jacksonville FL 32207

ARTICLE VI This is a professional corporation of pediatric emergency physicians.

  
Signature/Incorporator

7/7/00

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

  
Signature/Registered Agent

7-7-00

Date