

PO1000086977

TRANSMITTAL LETTER

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

200004561852-5
-08/29/01--01037-022
*****78.75 *****78.75

SUBJECT: Crystal Ray Radiology Consultants, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: Beata E. Nowakowska, M.D.
Name (Printed or typed)

1899 Reserve Blvd. #60

Address

Gulf Breeze, FL 32563

City, State & Zip

Beata Nowakowska GAVE

AUTHORIZATION BY PHONE TO (850) 939 - 1601

CORRECT Share Daytime Telephone number

DATE CS 9/5/01
DOC. EXAM.

FILED
01 AUG 29 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

01 AUG 29 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Crystal Ray Radiology Consultants, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1899 Reserve Blvd. #60 Gulf Breeze, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reading X-ray films and providing service to the public

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares - \$1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Beata B. Nowakowska, M.D. CEO

1899 Reserve Blvd. #60 Gulf Breeze, FL 32563

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

1899 Reserve Blvd. #60

Beata B. Nowakowska, M.D.

Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beata B. Nowakowska, M.D. 1899 Reserve Blvd. #60

Gulf Breeze, FL 32563

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Beata B. Nowakowska, MD

Signature/Registered Agent

Aug 27 '01

Date

Beata B. Nowakowska, MD

Signature/Incorporator

Aug 27 '01

Date