

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

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-10/10/01--01022--004
*****78.75 *****78.75

SUBJECT: LINDA RESTEA, CRNA, 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

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

FROM: LINDA RESTEA
Name (Printed or typed)
132 E. MADISON ST.
Address
STARKE, FL 32091
City, State & Zip
904-964-6500
Daytime Telephone number

FILED
01 OCT 10 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

g 10/10

ARTICLES OF INCORPORATION
of
LINDA RESTEA, CRNA, P.A.

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I
CORPORATE NAME

The name of this corporation is Linda Restea, CRNA, P.A.

ARTICLE II
INITIAL PRINCIPAL OFFICE

The mailing address of the corporation's initial principal office is:

1609 Northwest 103 rd Terrace
Gainesville, Florida 32606

ARTICLE III
SHARES

The total number of shares which the corporation shall have authority to issue is 1,000 shares with a par value of \$1.00 per share.

ARTICLE IV
REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is:

Linda Restea
Linda Restea, CRNA, P.A.
1609 Northwest 103 rd Terrace
Alachua County
Gainesville, Florida 32606

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ARTICLE V PURPOSE

The purpose of the corporation is as follows:

- 1- To provide medical services of certified registered nurse anesthetist to be carried out by duly licensed individuals and according to the laws of this state.
- 2- To provide clinical management and administrative services to medical practices.
- 3- To own property, enter into contracts and carry on any activity necessary or incidental to the accomplishment or furtherance of the purpose of this Corporation according to laws of this state.

ARTICLE VI DIRECTORS

The names and residence addresses of the persons constituting the initial board of directors are:

Linda Restea
1609 Northwest 103rd Terrace
Gainesville, Florida 32606

After the initial board of directors, the board shall consist of such number of directors as shall be determined by the shareholders from time to time at each annual meeting at which directors are to be elected.

ARTICLE VII DURATION

The corporation shall exist perpetually.

ARTICLE VIII OTHER PROVISIONS

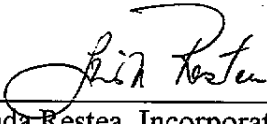
Preemptive Rights. The corporation elects to have preemptive rights so that each shareholder has the right to acquire a proportional amount of any shares that are issued.

Director or Officer Interest. In the absence of fraud, no transaction between (a) this corporation and (b) any other association, corporation or any director or officer of this corporation individually, shall be affected by the fact that any director or officer of this corporation is individually a party to the transaction or is interested in or is a director or officer of such other association or corporation.

Corporate Seal. The corporation shall have no corporate seal.

Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.

A handwritten signature in cursive script, appearing to read "Linda Restea", is written over a horizontal line.

Linda Restea, Incorporator
1609 Northwest 103 rd Terrace
Gainesville, Florida 32606

CERTIFICATION OF REGISTERED AGENT

Pursuant to Florida Statute this corporation named below appoints the undersigned ~~corporate~~ agent.

Name of Corporation: Linda Restea, CRNA, P.A.
Name of Registered Agent: Linda Restea
1609 Northwest 103rd Terrace
Gainesville, Florida 32606

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Having been named registered agent to accept services of process for the above stated corporation at the place designated herein, 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 of Registered Agent

10/08/01

Date