

PO4000040357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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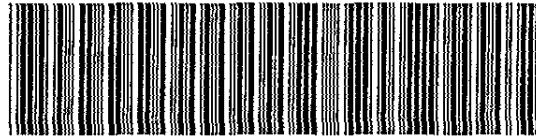
(Business Entity Name)

(Document Number)

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04 FEB 25 AM 11:34  
TALLAHASSEE, FLORIDA



February 22, 2004

Registration Section  
Division of Corporations  
P.O Box 6327  
Tallahassee, Florida 32314

Dear Division of Corporations

Healthcare Facilitators has been requested by the Geriatric Institute of Naples Inc to forward the attached executed Articles of Incorporation as well as payment for incorporation.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette".

Fran LaVallette  
Facilitator

## Articles of Incorporation

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

### Articles I NAME

The name of the corporation shall be:

Geriatric Institute of Naples Inc

### Articles II PRINCIPAL OFFICE

The principle place of business/mailling address is: Gulf Coast Medical Arts Center  
1890 SW Health Parkway  
Suite 1C  
Naples, Florida 34109

### Article III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice specializing in  
Geriatric care.

### Article IV SHARES

The number of shares of stock is:

100,000 shares

### Article V INTITIAL OFFICERS/DIRECTORS (optional)

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

Leela R Bolla MD  
5995 10<sup>th</sup> Avenue S.W  
Naples, Florida 34116

### Article VI REGISTERED AGENT

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

Leela R Bolla MD  
5995 10<sup>th</sup> Avenue S.W  
Naples, Florida 34116

### Article VII INCORPORATOR

The name and address of the Incorporator is:

Leela R Bolla MD  
5995 10<sup>th</sup> Avenue S.W  
Naples, Florida 34116

.....  
*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.*

  
Signature/Registered Agent

2/10/04  
Date

  
Signature/Incorporator

2/10/04  
Date

SECRET  
TALLAHASSEE, FLORIDA

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