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From: Peron, Gonzalez

P23000075834

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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COMMUNICATIONS
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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA PROFIT/NON PROFIT CORPORATION

ERIC BECTON, CRNA, PA

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

ERIC BECTON, CRNA, PA

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

4900 ROLLING GREEN DRIVE

WESLEY CHAPEL, FL 33543

Mailing address, if different is:

4900 ROLLING GREEN DRIVE

WESLEY CHAPEL, FL 33543

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PROVIDING ANESTHESIA SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIC BECTON -President

Name and Title: _____

Address: 4900 ROLLING GREEN DRIVE

Address: _____

WESLEY CHAPEL, FL 33543

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Lexipia

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ERIC BECTON
Address: 4900 ROLLING GREEN DRIVE
WESLEY CHAPEL, FL 33543

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIC BECTON
Address: 4900 ROLLING GREEN DRIVE
WESLEY CHAPEL, FL 33543


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

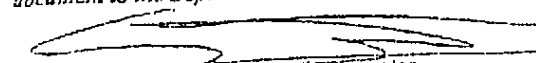
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/24/23

Date

10/24/23

Date

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