

PAID 1191
Florida Department of State
Division of Corporations
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To:
Division of Corporations
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Account Name : RAS1
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Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DOROTHY GODZIAK, CRNA, PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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2024 FEB 12 PM 2:53
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T.J.H
2/13/24

MS

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

ARTICLE I NAME DOROTHY GOZDZIAK CRNA, PA
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3502 JENKS AVENUE UNIT 3307
PANAMA CITY, FL 32405
Mailing address, if different is: 3502 JENKS AVENUE UNIT 3307
PANAMA CITY, FL 32405

ARTICLE III PURPOSE REGISTERED NURSE PERFORMING ANESTHESIA SERVICES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOROTHY GOZDZIAK-President Name and Title: _____
Address: 3502 JENKS AVENUE UNIT 3307 Address: _____
PANAMA CITY, FL 32405

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

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

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TALLAHASSEE, FLORIDA

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: DOROTHY GOZDZIAK
 Address: 3502 JENKS AVENUE UNIT 3307
PANAMA CITY, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DOROTHY GOZDZIAK
 Address: 3502 JENKS AVENUE UNIT 3307
PANAMA CITY, FL 32405

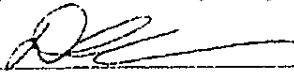
ARTICLE VIII EFFECTIVE DATE:

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.)

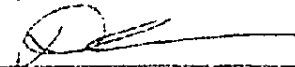
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/8/24
 Date

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 § 817.155, F.S.


 Required Signature/Incorporator

2/8/24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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