

P 00000016462

TRANSMITTAL LETTER

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

400003131094--5  
-02/10/00--01062--017  
\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: Kathryn M. Kronforst, C.R.N.A., P.A.  
(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB 10 AM 11:20

FILED

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kathryn M. Kronforst  
Name (Printed or typed)

3805 Lowson Blvd  
Address

Delray Beach, FL 33445  
City, State & Zip

(561) 496-3117  
Daytime Telephone number

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

RECEIVED

FEB 16 2000

FILED

00 FEB 10 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Kathryn M. Kronforst, C.R.N.A., PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Kathryn M. Kronforst  
3805 Lowson Blvd.  
Delray Beach, FL 33445

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kathryn M. Kronforst  
3805 Lowson Blvd  
Delray Beach, FL 33445

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kathryn M. Kronforst  
3805 Lowson Blvd  
Delray Beach, FL 33445

Kathryn M. Kronforst  
Signature/Incorporator

1-29-00

Date

### Article VI - Purpose

Provider of Anesthesia Services  
(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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

Kathryn M. Kronforst  
Signature/Registered Agent

1-29-00

Date