

PO3000025351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

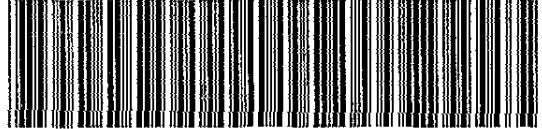
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100012969031

03/03/03--01038--020 \*\$78.75

FILED  
03 MAR -3 PM 12: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Am 2/16

## TRANSMITTAL LETTER

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

SUBJECT: Irene A. Hoffmann, CRNA, P.A.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM: Irene A. Hoffmann  
**Name**  
7061 Whitemarsh Circle  
**Address**  
Bradenton, FL., 34202  
**City, State, & Zip**  
( 941 ) 373-6563  
**Telephone Number**

Note: Additional copy of articles is needed only when certified copy is requested.

**ARTICLES OF INCORPORATION**

**OF**

Irene A. Hoffmann, CRNA P.A.

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

**ARTICLE I NAME**

The name of the corporation shall be:

Irene A. Hoffmann, CRNA, P.A.

FILED  
03 MAR -3 PM 12: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

7061 Whitemarsh Circle

Bradenton, FL., 34202

**ARTICLE III CAPITAL STOCK**

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

500 shares @ \$1.00 per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Irene A. Hoffmann  
7061 Whitemarsh Circle  
Bradenton, FL., 34202

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Irene A. Hoffmann  
7061 Whitemarsh Circle  
Bradenton, FL., 34202

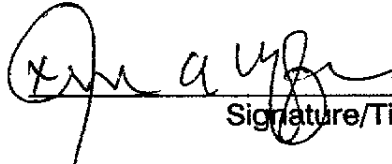
**ARTICLE VI NATURE OF BUSINESS**

The nature of business of the Professional Association shall be:  
Provider of Anesthesia Services.

This filing is in accordance with Florida Statutes, Chapter 621.

The undersigned has(have) executed these Articles of Incorporation this

26th day of February, 20<sup>03</sup>.

 President  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

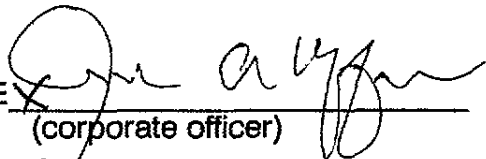
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Irene A. Hoffmann, CRNA P.A.

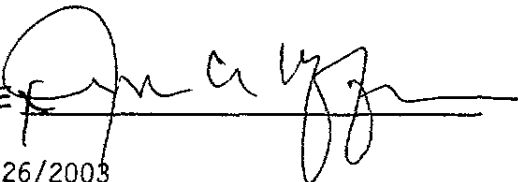
2. The name and address of the registered agent and office is:

Irene A. Hoffmann  
(NAME)  
7061 Whitemarsh Circle  
(P.O. BOX NOT ACCEPTABLE)  
Bradenton, FL., 34202  
(CITY/STATE/ZIP)

FILED  
03 MAR -3 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE   
(corporate officer)  
TITLE President  
DATE 2/26/2003

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.

SIGNATURE   
DATE 2/26/2003