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T. Burch JAN 5 2011

## COVER LETTER

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

SUBJECT: RONALD F. WIRSZ, CRNA, ANESTHESIA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: RONALD F WIRSZ  
Name (Printed or typed)

1520 S.E., 5th St.  
Address

OCALA FL 34471  
City, State & Zip

352 895 0089  
Daytime Telephone number

ronwirsz@aol.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2010

RONALD F WIRSZ  
1520 SE 5TH ST  
OCALA, FL 34471

SUBJECT: RONALD F. WIRSZ, CRNA, ANESTHESIAM INC.  
Ref. Number: W10000057113

We have received your document for RONALD F. WIRSZ, CRNA, ANESTHESIAM INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 810A00028594

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: RONALD F. WIRSZ, CRNA, ANESTHESIA, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
1520 SE 5th St.,  
Ocala, FL  
34471

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manage the business of Ronald F. Wirsz, related to providing  
anesthesia services as a Certified Registered Nurse Anesthetist.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald F. Wirsz, President,  
Address: 1520 SE 5th St.,  
Ocala, FL  
34471

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Ronald F. Wirsz,  
Address: 1520 SE 5th St.,  
Ocala, FL 34471

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald F. Wirsz,  
Address: 1520 SE 5th St.,  
Ocala, FL 34471

## ARTICLE VIII EFFECTIVE DATE: JANUARY 2, 2011.

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]  
Required Signature/Registered Agent

12/8/2010  
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 s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

12/8/2010  
Date

FILED

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STATE