

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing System

# P2100000765

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
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  
CRANBROOK ANESTHESIA, PA**

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

2021 JAN -5 PM 3:16

2021 JAN -5 AM 7:19

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**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: CRANBROOK ANESTHESIA, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address189 AMERICAS CUP BLVDBRADENTON, FL 34208

Mailing address, if different is:

189 AMERICAS CUP BLVDBRADENTON, FL 34208**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Nurse Anesthetist.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARNOLD NAVARRO/DIRECTOR

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

Address 189 AMERICAS CUP BLVD

Address: \_\_\_\_\_

BRADENTON, FL 34208

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: ARNOLD NAVARRO  
Address: 189 AMERICAS CUP BLVD  
BRADENTON, FL 34208

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: ARNOLD NAVARRO  
Address: 189 AMERICAS CUP BLVD  
BRADENTON, FL 34208

2021 Jan -5 PM 7:19  
FILE**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.

✓ [Signature]  
Required Signature/Registered Agent

✓ 1/5/21  
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

✓ 1/5/21  
Date