P95000045421

TRANSMITTAL LETTER

Department of Division of Co P.O. Box 6327 Tallahassee, F	rporations	FILED 95 JUN -6 PH1 SECRETARY CF2
SUBJECT: _	Cardiac Emergency Records, Inc. (proposed corporate name)	PHII: 25
Enclosed is an for \$_70.00	original and one (1) copy of the articles of incor	poration and our check
FROM:	Robert B. Tober, M.D. Name (printed or typed)	
	2240 Southwinds Drive Address Naples, FL 33940	700001507547 -06/07/3501080007 *****70.00 *****70.00
	City, State, & Zip (941) 649-0343 Telephone Number	

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

FILED

<u>O</u>E

95 JUN -6 PH II: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Cardiac Emergency Records, Inc.

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:

Cardiac Emergency Records, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1010 Fifth Avenue South, Suite 300 Naples, FL 33940

ARTICLE III CAPITAL STOCK

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

Ten thousand (10,000) shares Common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert B. Tober, M.D. 2240 Southwinds Drive Naples, FL 33940

ARTICLE V INCORPORATOR(S)

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

Robert B. Tober, M.D. 2240 Southwinds Drive Naples, FL 33940

Eugene C. Dooner 1823 Crayton Road Naples, FL 33940

Anton E. Dooner 330 15th Street SW Naples, FL 33964

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

_______ day of ____

<u>d...</u>

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

95 JUN -6 PHII: 25

Pursuant to the provisions of sections 607.0501 or 617.0501, Floridar 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: Cardiac Emergency Records, Inc.
2.	The name and address of the registered agent and office is:
	Robert B. Tober, M.D. (NAME)
	2240 Southwinds Drive
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Naples, FL 33940
	(CITY/STATE/ZIP)

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 APACITY. 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

ATE Mm

35 JUN -6 PHII: SECRETARY OF SI