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TRANSMITTAL LETTER

FILED

96 JUN 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 8327
Tallahassee, FL 32314

SUBJECT: Dianne B. Swallows, 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 \$ 122.50.

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-06/18/96--01044--019
****122.50 ****122.50

FROM:

Dianne B. Swallows
Name
6448 River Road
Address
New Port Richey, FL 34652
City, State, & Zip
(813) 842-4756
Telephone Number

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

PH
6/18/96

ARTICLES OF INCORPORATION

OE

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Dianne B. Swallows, CRNA, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dianne B. Swallows, CRNA, P.A.

ARTICLE II PRINCIPAL OFFICE

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

6448 River Road
New Port Richey, FL 34652

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 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Dianne B. Swallows
6448 River Road
New Port Richey, FL 34652

ARTICLE V INCORPORATOR(S)

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

Dianne B. Swallows
6448 River Road
New Port Richey, FL 34652

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

6th day of June, 19 96.

X Dianne B. Swallows 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: Dianne B. Swallow, CRNA, P.A.

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

Dianne B. Swallow
(NAME)

6448 River Road
(P.O. BOX NOT ACCEPTABLE)

New Port Richey, FL 34652
(CITY/STATE/ZIP)

SIGNATURE

Dianne B. Swallow
(corporate officer)

TITLE

President

DATE

June 6, 1996

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

Dianne B. Swallow
June 6, 1996

REGISTERED AGENT FILING FEE: \$35.00