P9600005340A

(Proposed corporate name - must include suffix)

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

Enclosed is an origina for: \$70.00 Filing Fee	l and one (1) c \$78.75 Filing Foo & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy &		
FROM:	Name (printed or typed)			
	300 Leslie Dr # 511			
	Hallan Cit	idale FL 33009 Ny, State & Zip		
	(954) 4:3 Daytima	55-934 196-3835 Telephone number		
		all .		
يرون والمرابع المرابع والمرابع		\mathcal{Y}		

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



May 31, 1996

TRACIE STANELLE 200 LESLIE DRIVE SUITE 511 HALLANDALE, FL 33009

SUBJECT: TRACIE STANELLE R.N. P.A.

Ref. Number: W96000011586

We have received your document for TRACIE STANELLE R.N. P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return 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 (904) 487-6933.

Dana Farmer Document Specialist

Letter Number: 496A00027321

June 14, 96

Document Spicialist Becament Spicialist E. Condon Dept of State

Enclosed please find the concerted articles of incorporation (P. A. - to practice musing) as requested, the per our continuation on alleanisely, June 18, I have corrected the documents to must the requirements for a professional association as instructed by uniting in "to practice musing" and hand instructed my MV license musing and hand instructed of Florida. A hope this will must your toguirements. I thank you for your time and helpful informative attitude in helping me with this matter. Let ful

Thair Fares en

Tracie Stavelle RN 800 Leslie Dr # 511 Hallandale FL 33009 # (954) 455-9234 W (954) 926-3835 Bp (305) 876-3502

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Piece Corporation Act, hereby adopt(s) the following Articles of Incorporation. PURSUANT TO CHAPAR GOT 65.

> ARTICLE NAME

The name of the corporation shall be:

* To Practice Stanelle B.M. P.A. ARTICLEIL PRINCIPAL OFFICE

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

200 Lestic Orive Towers of Oceanview
ERROR
Clarification 200 Towers of Oceanview
Clarification 200 Towers of Oceanview
Hallandale FL 33009

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

Tracie Stanelle R.N. 200 Leslie Dr Apt 511 Hallandale FL 33009

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Tracic Stanctle RN 200 Lestre Dr. Apt 511 Wallandale FL 33009

*P.A. - To practice nursing RN doman # 2543412
FL DPR

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

3Cun day of May , 19 96.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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, SUBMITCITHE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	1 racio	Stwelle	R.M.	P.A.
2. The name and address of the registered	ed agent and offi	ce is:	SECRETARY OF JUNE	
	e 5-fano	Me B.N.	24 M	
200 70 wer	Sof Oce Mail Drop Box NO	gnview Su Macceptable))
Hallandale				
3 To practice Nu	roing as	a R.N.		
Having been named as registered agei corporation at the place designated in th agent and agree to act in this capacity. relating to the proper and complete perfo obligations of my position as registered o	nt and tò accep is certificate, I h I further agree t ormance of my di	t service of process wereby accept the appe	ointment as re	egistered Letatuten
Muli Hamma (SIGNATURE)		<u>5-20</u> (Date)	0-96	1470

P9600005340H

Alln: Florida Dept of State

Please be advised that I am formally dissolving my corporation Tracie Stanelle RN. P.A. Please refer to the accompanying articles of dissolution.

Tracie A. Stanelle
Box 743
Shawneetown IL 62984
(618) 269-4095

June Jan 21

ARTICLES OF DISSOLUTION

Pursuant to 607,1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: 1 cacie Stanelle RN. P.A.
SECOND:	The articles of incorporation were filed on: June 24, 1994 (CHECK ONE) Ocument # 196000053404
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signe Signatur	ed this/3 day ofFebruary
-	Tracie Stanelle (Typed or printed name)
	President
	(Title)