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TRANSMITTAL LETTER

FILED

97 OCT 21 PM 12:26

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: David P. Brown CRNA PA  
(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.

FROM:

David P. Brown  
Name  
649 Capt. Kate Court  
Address  
Naples, FL., 34110  
City, State, & Zip  
( 941 ) 566-3094  
Telephone Number

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\*\*\*122.50 \*\*\*122.50

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

P Hall OCT 21 1997



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**October 15, 1997**

**DAVID P. BROWN**  
**649 CAPT. KATE COURT**  
**NAPLES, FL 34110**

**SUBJECT: DAVID P. BROWN CRNA, P.A.**  
**Ref. Number: W97000023538**

We have received your document for DAVID P. BROWN CRNA, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the 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) 487-6915.

**Pamela Hall**  
**Document Specialist**

**Letter Number: 797A00050464**

**ARTICLES OF INCORPORATION**

**OF**

**FILED**

97 OCT 21 PM 12:26

David P. Brown 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:

David P. Brown CRNA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

649 Captain Kate Court  
Naples, FL., 34110

**ARTICLE III CAPITAL STOCK**

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

500

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

David P. Brown, ~~CRNA, P.A.~~  
649 Captain Kate Court  
Naples, FL., 34110

**ARTICLE V INCORPORATOR(S)**

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

David P. Brown  
649 Captain Kate Court  
Naples, FL., 34110

**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

x 10<sup>th</sup> day of October, 19 97.

x David P Brown CRNA (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.

1. The name of the corporation is: David P. Brown CRNA, P.A.

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

David P. Brown  
(NAME)

649 Captain Kate Court  
(P.O. BOX **NOT** ACCEPTABLE)

Naples, FL., 34110  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE X David P. Brown  
(corporate officer)

TITLE X Certified Registered Nurse Anesthetist  
(CRNA)

DATE X October 10, 1997

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 David P. Brown

DATE Oct 10, 1997

REGISTERED AGENT FILING FEE: \$35.00