

P98000029819  
TRANSMITTAL LETTER

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

000002472370--2  
-03/30/98--01092--008  
\*\*\*122.50 \*\*\*122.50

SUBJECT: Carol Rankel, 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.

FROM:

Carol Rankel  
Name  
695 Astarias Circle  
Address  
Fort Myers, FL 33919  
City, State, & Zip  
( 941 ) 482-7178  
Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 MAR 30 AM 11:13

FILED

F. CHESSEY APR 1 1998

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

**ARTICLES OF INCORPORATION**  
**OF**

Carol Rankel, CRNA, P.A.

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:

Carol Rankel, CRNA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

695 Astarias Circle  
Fort Myers, FL 33919

**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:

Carol Rankel  
695 Astarias Circle  
Fort Myers, FL 33919

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**ARTICLE V INCORPORATOR(S)**

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

Carol Rankel  
695 Astarias Circle  
Fort Myers, FL 33919

**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

19th day of March, 19 98

X Carol Rankel 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: Carol Rankel, CRNA, P.A.

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

Carol Rankel  
(NAME)

695 Astarias Circle  
(P.O. BOX NOT ACCEPTABLE)

Fort Myers, FL 33919  
(CITY/STATE/ZIP)

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SIGNATURE *Carol Rankel*  
(corporate officer)

TITLE President

DATE March 19, 1998

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 *Carol Rankel*

DATE March 19, 1998

REGISTERED AGENT FILING FEE: \$35.00