

P98000060327
TRANSMITTAL LETTER

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

700002580927--1
-07/06/98--01118--020
****122.50 ****122.50

SUBJECT: M.L. Rochester 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:

M.L. Rochester
Name
925 S.E. 20th Place
Address
Cape Coral, FL., 33990-1854
City, State, & Zip
(941) 772-7696
Telephone Number

FILED
98 JUL -6 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W 7-8-98

ARTICLES OF INCORPORATION

OF

M.L. Rochester 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:

M.L. Rochester CRNA, P.A.

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ARTICLE II PRINCIPAL OFFICE

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

925 S.E. 20th Place
Cape Coral , Fl., 33990-1854

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 per share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

M.L. Rochester
925 S.E. 20th Place
Cape Coral , Fl., 33990-1854

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): M.L. ROchester
925 S.E. 20th Place
Cape Coral, , FL., 33990-1854

ARTICLE VI NATURE OF BUSINESS

The nature of business of the P. A. Shall be provider of Anesthesia services.

This filing is in accordance with Florida Statute S Chapter 621.

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

_____ 23rd _____ day of _____ June _____, 19 98 _____.

X Michael D. Rochester / 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: M.L. Rochester CRNA P.A.

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

M. L. Rochester

(NAME)

925 S.E. 20th Place

(P.O. BOX NOT ACCEPTABLE)

Cape Coral, FL., 33990-1854

(CITY/STATE/ZIP)

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SIGNATURE X Michael J. Rochester

(corporate officer)

TITLE President

DATE 7-1-98

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 X Michael J. Rochester

DATE X 7-1-98

REGISTERED AGENT FILING FEE: \$35.00