P99000042462

TRANSMITTAL LETTER

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

600002865596—-1 -05/06/99--01884--007 *****70.00 *****70.00

SUBJECT: Executi	ve Anesthesia Services, Inc. 70
(Prop	posed corporate name - must include suffix)
	ASS
	المنابع
Enclosed is an original and	d one (1) copy of the articles of incorporation
τοr:	
<u>k</u> x	\$78.75 \$122.50 \$131,25
FROM:	Matland Accounting
	Name (printed or typed)
	12995 Cleveland Ave. #107
	Address
	Ft. Myers, FL 33907
	City, State & Zip
	941-275-3434

MAY 1 1 1999

SHARON

Daytime Telephone number

ARTICLES OF INCORPORATION &

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Executive Anesthesia Services, Inc. ...

ARTICLE II PRINCIPAL OFFICE

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

1080 Manor Lakes Dr. A-103 Naples, FL 34110

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shares No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rudolph K. Matland 12995 Cleveland Ave. #107 Ft. Myers, FL 33907

ARTICLE V INCORPORATOR(S)

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

Rudolph K. Matland 12995 Cleveland Ave. #107 Ft. Myers, FL 33907

ndersigned in	corporator(s) has	(have) executed	these Articles of Inco	rporation th
fourth	day of	May	1999	
Sudo	lpl XII	Vallana Signature		
		Signature		 -
		Signature		ps.

CERTIFICATE OF DESIGNATION OF -REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

 The name of the corporation is 	Executive Anesthesia Services, Inc.
	•
2. The name and add.	TALL TALL
2. The name and address of the r	
Rudolph K. Ma	tland
	(Name)
12995 Clevela	nd Ave. #107
	O. Box not acceptable)
Ft. Myers, FL	33907
	(City/State/Zip)

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) May 4, 1999	Sudolps	(Signature)	and		_May 4, 1999	
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