# POOOOOY6588 (SAMPLE LETTER OF TRANSMITTAL)

DATE

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

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Formest Ariesthesia Services, Inc.

MAILING ADDRESS OF CORPORATION

104 NE 32Nd ANE

Ocala, FL 34470

PHONE

(392) 694-7673 NA

Area Code Number Ext.

## ARTICLES OF INCORPORATION

of

ARTICLE I - CORPORATE NAME

Forvest Anesthasia Services, Inc. (name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the corporation is:	Countres	AS O
Forcest Ancesto	iesia Services	
ARTI This corporation shall exist perpetually unless disse	CLE II - DURATION olved according to Florida law.	TIZ AMII: 2
ARTI	ICLE III - PURPOSE	DA 5
The corporation is organized for the purpose of engunited States and the State of Florida.	gaging in any activities or business pe	ermitted under the laws of the
ARTICL	E IV - CAPITAL STOCK	
The corporation is authorized to issue _500		1.00 per share.
The corporation is authorized to issue	<del></del>	•
ARTICLE V - The street address of the initial principal office and	INITIAL PRINCIPAL OFFICE d, if different, the mailing address is:	
STREET ADDRESS		-
104 NE 32rid	AUC	
CITY Ocala	FLORIDA +C	- ZIP 34470
Mailing address, if different		
STREET ADDRESS		· ·
Sa	me	
CITY	FLORIDA	ZIP
	L REGISTERED OFFICE AND AC	GENT
The street address of the initial registered off		
NAME STOCKER &	- OMAPST	

**FLORIDA** 

**ADDRESS** 

CITY

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	( ONE ) directors initially. Th	e number of directors may be
either increased or diminished from time addresses of the initial director(s) of the	e to time by the By-Laws, but shall never be less than	one (1). The names and
addresses of the initial director(s) of the	corporation are as follows:	·
NAME Stephen	B. Fourest	
ADDRESS 104	NE 32Nd Aug	·
CITY Ocala	STATE FC	ZIP 34470
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		-
CITY	STATE	ZIP
	ARTICLE VIII - INCORPORATORS	
The names and addresses of the incorpor	rators signing these Articles of Incorporation are as fo	ollows:
VIII 01 0		
ADDRESS 100	- 13. Forrest	
- / O F / Y E	52xd Hare	
CITY OCala	STATE	ZIP 34470
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
he undersigned in comparator(s) have	overouted those Autistics of Touristics of Touristics	1/4/
_ / _	e executed these Articles of Incorporation this _	
ay of October		
	14. O	
	Septem 15	formet
	Juponi,	70000 Signature)
	· · · · · · · · · · · · · · · · · · ·	(Signature)
		(Signature)
		(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

OD OCT 12 AM II: 25

SECREIANY STATE
TAIL AHASSEE FLORIDA

FOUVEST ANESHOOPE Services, Tra.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 104 NE 32ND AUR

OCALA, FL 34470

has named Steplan B. Fourest

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Stephan S. Journey 10-11-00 (Date)