

TRANSMITTAL LETTER

PO1000005187

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

600003533376--8
-01/11/01--01089--003
*****70.00 *****70.00

SUBJECT: Professional Anesthesia, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: David Wenniger
Name (Printed or typed)

9125 Little Rd. Suite 133
Address

New Port Richey, Fl. 34654
City, State & Zip

727 868 2601
Daytime Telephone number

FILED
01 JAN 11 PM 6 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

Feb 1/12
②

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
01 JAN 11 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Professional Anesthesia, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9125 Little Rd.

New Port Richey, Fl. 34654

ARTICLE III SHARES

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

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

David Wenniger

9230 Tara Dr.

New Port Richey. Fl. 34654

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

David Wenniger

9230 Tara Dr.

New Port Richey, Fl. 34654

D. Wenniger
Signature/Incorporator

1/9/01
Date

(An additional article must be added if an effective date is requested.)

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

D. Wenniger
Signature/Registered Agent

1/9/01
Date

ARTICLE PURPOSE

To provide services as an Advanced Nurse Practitioner.
License # 2849452