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TRANSMITTAL LETTER  
FILED

01 FEB 16 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: MAXIM ANESTHESIA SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003708030--6  
-02/16/01--01125--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

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

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

FROM: BRIAN SIMMONS  
Name (Printed or typed)

1133 BAL HARBOR BLVD. #1139-221  
Address

PUNTA GORDA, FLORIDA 33950  
City, State & Zip

941-286-5058  
Daytime Telephone number

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

Mr Simmons GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT title under signature line  
DATE 2/19/01  
DOC. EXAM Dak White

*Dak*  
2/19/01  
2✓

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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## ARTICLE I NAME

The name of the corporation shall be:

MAXIM ANESTHESIA SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1133 BAL HARBOR BLVD.  
PUNTA GORDA, FLORIDA 33950.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSE ANESTHESIA STAFFING

## ARTICLE IV SHARES

The number of shares of stock is:

60,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BRIAN SIMMONS  
1133 BAL HARBOR BLVD. #1139-221  
PUNTA GORDA, FLORIDA 33950

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN SIMMONS  
1133 BAL HARBOR BLVD. #1139-221  
PUNTA GORDA, FLORIDA 33950

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x Brian Simmons  
Signature/Registered Agent & Incorporator

x 2/12/01  
Date

BRIAN SIMMONS

Signature/Incorporator

Date