TRANSMITTAL LETTER 10000047324

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

500004139845---5 -05/07/01--01137--017 *****78.75 ******78.75

Subject

A.M. Habick CRNA., P. A.

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

 \$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

(ADDT'L COPY REQ'D)

(ADDT'L COPY REQ'D)

FROM: A	oo 84 Llobiala					
	lan M Habick				-	
22	206 NE 15th Ave					
w	ilton Manors, Florida	33305				

OI MAY - 7 AM 10: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.

P5. 101/

FII F

ARTICLES OF INCORPORATION OF

01 MAY -7 AM 10: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A.M. Habick CRNA., P. A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, 621 F.S. hereby adopts the following articles of incorporation.

ARTICLE I NAME	
The name of the Corporation shall be: A.M. Ha	bick CRNA., P. A.
ARTICLE II PRINCIPAL OFFI	CE
The principal place of business and mailing addr	ess of this corporation shall be:
2206 NE 15th Ave	
Wilton Manors, Florida 33305	
ARTICLE III PURPOSE	
The specific purpose for which the corporation is Nurse Anesthetist	being formed is: self-contracting Certified Registered
ARTICLE IV SHARES	
The number of shares of stock is: 1,500	
ARTICLE V REGISTERED AGE	
The name and Florida street address registered ag	ent is:
Michael Webb	
2206 NE 15th Ave.	
Wilton Manors, Florida 33305	· ·
ARTICLE VI INCORPORATOR	
The name and address of the incorporator to these	Articles of Incorporation is:
Alan M Habiek	
2206 NE 15th Ave Wilton Manors, Florida 23305	
	5-4-200 (
Man M Habick, Picorporator	Date
t Having been named as registered agent and to accept .	service of process for the above stated corporation at the
viace designated in this certificate. I hereby accept the	annointment as registered agent and agree to get in this
capacity. I juriner agree to comply with the provisions	of all statutes relating to the proper and complete accept the obligations of my position as registered agent.
Muhal hlf	A state of the position as registered agent.
Michael Webb, Registered Agent	3-4-2001
whomas webb, Registered Agent	Date