16/0000 BOW

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

SUBJECT:	FOUR LEAF ANESTHESIA	SERVICES, INC.		
·	(PROPOSED CORPORA	•	00004502	2383 01056023 ******70.00
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	-	= -
፟ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:		nted or typed)	१४ - सक्कि	t Maria de M
	<u> </u>			
	FILED			
	919–225–8402 Daytime Tel	ephone number		M 1. 13

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

73/201

· •				
ARTICLES OF INCORPORATION	J			
In compliance with Chapter 607 and/or Chapter		; ;+)		. :
1 Samples 55, and 5. Grap.	.or obx, 1.5. (£101	11.)		
ARTICLE I NAME				
The name of the corporation shall be:			e	
FOUR LEAF ANESTHESIA SERVICES, INC	•		DES.	0 11 1
ADTICLE IL DRINGIPAL OFFICE				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address		Hi Zatharia		沙 美
1133 BAL HARBOR BLVD. SUITE 1139				
PUNTA GORDA, FL 33950		• •		25
ARTICLE III PURPOSE				
The purpose for which the corporation is organ	nized is:	. <u>भूक</u>	∓ > + • 6	ده پیده در ده
	11100 15.			
NURSE ANESTHESIA STAFFING.				-
A DOMESTIC STATE OF THE STATE O	to the second second	· • •	.e	
ARTICLE IV SHARES	-		- *	<u>.</u>
The number of shares of stock is:		•	•	
60,000				
ARTICLE V INITIAL OFFICERS DIF	RECTORS (ont	ional)		
The name(s) and address(es):		::::::::::::::::::::::::::::::::::::::	-	
•		•		
ADTICLE IT	<u></u>			. · · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGEN	$\frac{UT}{T}$			
The name and Florida street address of the re-	gistered agent is:			
MICHAEL McKEEVER 1133 BAL HARBOR BLVD. SUITE 1139	-			
PUNTA GORDA, FL 33950		· -		
	·	•	**	•4
ARTICLE VII INCORPORATOR	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
The name and address of the Incorporator is:	· ·	-		
MICHAEL McKEEVER		-		
1133 BAL HARBOR BLVD. SUITE 1139			·	·
PUNTA GORDA, FL 33950 ************************************	*******	******	******	inger i de ske ske ske ske ske ske ske ske ske sk
Having been named as registered agent to accept service in	of process for the abo			signated in this
certificate, I am familiar with and accept the appointment	as registered agent a	nd agree to act in	this capacity	3
M.O. O. A. hul			1. 1.	
Signature/Polistoned		<u></u>	7/25/01	·
Signature/Registered Agent		D	ate	
MICHAEL MOKEEVER			/ / .	
* Makeul & Mylan	<u> </u>	X	7/23/01	
Signature/Incorporator		Ī	Date	

MICHAEL MCKEEVER