

TRANSMITTAL LETTER

P02000041565

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

400005237224--6
-04/11/02--01018--001
*****70.00 *****70.00

SUBJECT: MCAFEE ANESTHESIA SERVICES, 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: THOMAS MCAFEE
Name (Printed or typed)

14613 S.E. NINTH TERRACE
Address

MICANOPY, FLORIDA 32667
City, State & Zip

352-466-0272
Daytime Telephone number

02 APR 10 PM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

104-17-02
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MCAFEЕ ANESTHESIA SERVICES, INC.

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02 APR 10 PM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14613 S.E. NINTH TERRACE
MICANOPY, FLORIDA 32667

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:

THOMAS MCAFEE
14613 S.E. NINTH TERRACE
MICANOPY, FLORIDA 32667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS MCAFEE
14613 S.E. NINTH TERRACE
MICANOPY, FLORIDA 32667

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 Thm M. Of
Signature/Registered Agent

x 4/1/02
Date

x Thm M. Of
Signature/Incorporator

x 4/1/02
Date