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TRANSMITTAL LETTER

Department of State				
Division of Corpora				
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Tallahassee, FL 323	314		·	
Hem	llock Anaesthesia Inc.			
SUBJECT:		TE NAME - MUST INCL	UDE SUPERX)	
	•			
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00	□ \$78.75	□ \$78.75	☑ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
rinig rec	& Certificate of Status	& Certified Copy	Certified Copy	
		or common copy	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
				
FROM: N	icola Ryding			
	Name	(Printed or typed)		
	1111 Brickell Bay Drive Su	uite 1806		
		Address		
	Miami FL 33131			
	City, State & Zip			
	Chy,	outo w aip		
	305-416-0428			
	Daytime Telephone number			

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

ARTICLES OF INCORPORATION

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

FILED

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SECRETAIN GRASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Hemlock Anaesthesia Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1111 Brickell Bay Drive Suite 1806 Miami FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional personal services of anesthsia by Certified Nurse Anesthetists

ARTICLE IV SHARES

The number of shares of stock is:

Two (2) at \$.01 par value per stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Director #1 and President: Nicola Ryding 1111 Brickell Bay Drive Suite 1806 Miami FL 33131 Director #2, Treasurer, and Secretary: Ryan Bradley 3664 Franklin Ave Coconut Grove FL 33133

ARTICLE VI REGISTERED AGENT

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

Nicola Ryding @ 1111 Brickell Bay Drive Suite 1806 Miami FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicola Ryding @ 1111 Brickell Bay Drive Suite 1806 Miami FL 33131