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TRANSMITTAL LETTER

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

SUBJECT:	Michael Hays	Inestesia Inc	DDE SUFFIX)	_
	(FROTOSED COM ONAT	E MARE - <u>MOST ENCOS</u>	<i>ma goji ted</i>	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	,
S70.00 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 PY REQUIRED	·
FROM:	Michael Name	Hay/S Printed or typed)		
	7414 Wanhoe	On Address	 	; - _
	Bot Richey Flo	34668 State & Zip		
	(727) 846 - 9 Daytime T	87((elephone number		e e e e e e e e e e e e e e e e e e e

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	ED
ARTICLE I NAME The name of the corporation shall be: Michael Hays Anesthesia Inc.	04 FEB -2 AM 8: 4: SECRETARY OF STATE TALLAHASSEE, FLORIE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 74/4 Warker Dr. Rother F1 34668	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful purpose of Florida.	in the state
The number of shares of stock is: 18 % of Common Stock; for Common Stock; for Common Stock;	r non TINNE
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): M. chael Hays 74/4 /Vanhoe Ar. Port Richey Fl 34668 President/Director	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Michael Hays 74/4 Wanke Or	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michae / Hans 7414 Wan hot Dr.	
Having been named as registered agent to accept service of process for the above stated corporation at the placertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
Signature/Registered Agent Date Michael By 1/31/0 Signature/Incorporator Date	14