

P04000126491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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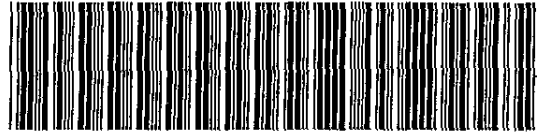
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/04--01013--012 **70.00

04 SEP -1 PM 1:00

SECRET
09/01/04

TRANSMITTAL LETTER

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

SUBJECT: MAXIM ANESTHESIA OF FLORIDA, 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	☐ \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

☐ \$78.75	☐ \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: BRIAN SIMMONS
Name (Printed or typed)
9266 NEWMAN CIRCLE
Address
PORT CHARLOTTE, FL 33981
City, State & Zip
941-916-1414
Daytime Telephone number

04 SEP -1 PM 1:00

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)

ARTICLE I NAME

The name of the corporation shall be:

MAXIM ANESTHESIA OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9266 NEWMAN CIRCLE

PORT CHARLOTTE, FL 33981

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:

BRIAN SIMMONS

9266 NEWMAN CIRCLE

PORT CHARLOTTE, FL 33981

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN SIMMONS

9266 NEWMAN CIRCLE

PORT CHARLOTTE, FL 33981

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 Brian Simmons
Signature/Registered Agent

x 8/27/04
Date

x Brian Simmons
Signature/Incorporator

x 8/27/04
Date

04 SEP - 1 PM 1:00

SECRETARY OF STATE
DIVISION OF CORPORATE
AND ORGANIZATIONAL
AFFAIRS