P04000126491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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04 SEP -1 PM 1:00

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 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: 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/mailing 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):

04 SEP -1 PM 1:00

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

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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 _____ x 8/27/04

Signature/Registered Agent Date

x _____ x 8/27/04

Signature/Incorporator Date