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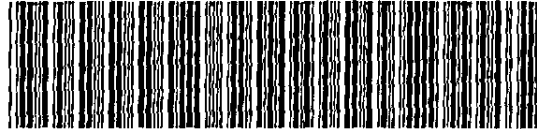
(Business Entity Name)

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## TRANSMITTAL LETTER

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

**SUBJECT:** Traveling Anesthesia Services, Inc

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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:** Thomas J. McGoldrick, Jr.

Name (Printed or typed)

4432 S.W. 28th Terr.

Address

Dania, FL 33312

City, State & Zip

912-264-3818

Daytime Telephone number

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**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:

Traveling Anesthesia Services, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4432 S.W. 28th Terr.  
Dania, FL33312

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide quality anesthesia care

### **ARTICLE IV SHARES**

The number of shares of stock is:

One Million (1,000,000) Common

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Thomas J. McGoldrick, Jr., President  
4432 S.W. 28th Terr  
Dania, FL 33312

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Thomas J. McGoldrick, Jr.  
4432 S.W. 28th Terr  
Dania, FL 33312

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Thomas J. McGoldrick, Jr  
4432 S.W. 28th Terr  
Dania, FL 33312

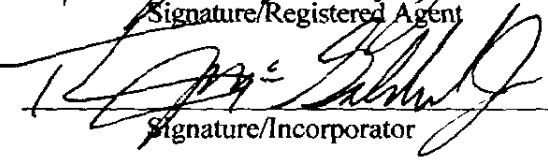
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

1/24/05

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/24/05

\_\_\_\_\_  
Date

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