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DIVISION
05 FEB 14 AM 7:40

no 5-6044

TRANSMITTAL LETTER

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

SUBJECT: Anesthetica, 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
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: LISA M. MEYER, MS, CRNA
Name (Printed or typed)

5150 TAMIAH TRAIL NORTH, SUITE 200
Address

NAPLES, FLORIDA 34103
City, State & Zip

239-777-9243
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

RECEIVED

05 FEB 10 AM 11:46

February 4, 2005

LISA M. MEYERS
5150 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103

SUBJECT: ANESTHETICA, INC.
Ref. Number: W05000006044

We have received your document for ANESTHETICA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 705A00008216

ARTICLES OF INCORPORATION

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

SECRET
DIVISION
05 FEB 14 AM 7:40

ARTICLE I NAME

The name of the corporation shall be:

Anesthetica, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5150 Tamiami Trail North, Ste. 200
Naples, Florida 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under the general corporation law of Florida. Specifically operation of an advanced practice nurse activities

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Lisa m. meyers, M.S., CRNA., President
5150 Tamiami Trail North Ste. 200
Naples, Florida 34103

ARTICLE VI REGISTERED AGENT

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

Lisa m. meyers, M.S., CRNA.
5150 Tamiami Trail North, Ste. 200
Naples, Florida 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa m. meyers, CRNA, M.S.
5150 Tamiami Trail North, Ste 200
Naples, Florida 34103

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

Lisa M. Meyers
Signature/Registered Agent

1-28-05
Date

Lisa M. Meyers
Signature/Incorporator

1-28-05
Date