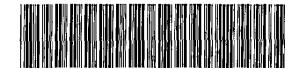
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(Requestor's Name)
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No5-6044

o Calie

TRANSMITTAL LETTER

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

SUBJECT:	Anesthotica,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	a check for:
•	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:4	LISA W. V	Printed of typed)	15, LRNA
	<u> </u>		100
•	5150 [AWEAM;	= lean (Not	-TH Juice For
		Address	(
	NA DLEY FLOR	State & Zip	>
	239 -777		

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

Daytime Telephone number



RECEIVED

FLORIDA DEPARTMENT OF STATE 14 146

Glenda E. Hood Secretary of State

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	http://
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	DIVISION FRANCE SALE
ARTICLE I NAME	05 FEB 14 AM 7: 40
The name of the corporation shall be:	-5 /4 AFI 7: 40
Anesthetica, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5150 Tarniami Trail North. HE. 200 Naples, Florida 34103	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ha corporation may
The purpose for which the corporation is organized is: To engage in any lawful act or activity for which be organized under the general corporation law operation of an advanced practice nurse act article IV SHARES The number of shares of stock is:	of Florida Specifically tivities
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., C.R.N.A 5150 Tarmami Teach North StE. 200 Naples, Florida 34103	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Lisa M. Meyers, CRNA, M.S. 5150 Tamiami trail North, StE 200 Naples, Florida 34103	

$=$ $\begin{pmatrix} \cdot \\ \cdot \\ \cdot \end{pmatrix}$ $\lambda = \lambda \Delta \lambda$	1-28-05
Signature/Registered Agent Da	ate
	-28-05
Signature/Incorporator D	ate