

P05000030748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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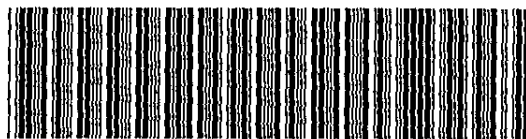
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA  
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TRANSMITTAL LETTER

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

FILED  
2005 FEB 21 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: SOMNUS ANESTHESIA, 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: VAN-KHOI BUI

Name (Printed or typed)

3216 WEST SAN PEDRO STREET

Address

TAMPA, FLORIDA 33629-8024

City, State & Zip

(813) 789-7054

Daytime Telephone number

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:

SOMNUS ANESTHESIA, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3216 WEST SAN PEDRO STREET  
TAMPA, FLORIDA 33629-8024

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE ANESTHESIA SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VAN-KHOI BUI  
3216 WEST SAN PEDRO STREET  
TAMPA, FLORIDA 33629-8024

## ARTICLE VI REGISTERED AGENT

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

VAN-KHOI BUI  
3216 WEST SAN PEDRO STREET  
TAMPA, FLORIDA 33629-8024

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VAN-KHOI BUI  
3216 WEST SAN PEDRO STREET  
TAMPA, FLORIDA 33629-8024

\*\*\*\*\*  
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

Van-Khoi Bui  
Signature/Registered Agent

2/16/2005  
Date

Van-Khoi Bui  
Signature/Incorporator

2/16/2005  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA