

PD50000 85266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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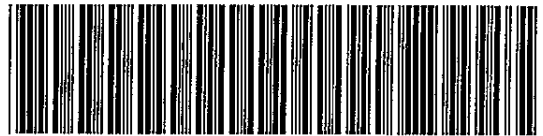
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JUN 14 PM 12:09

MRS
6/14

TRANSMITTAL LETTER

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

SUBJECT: Paul Lee 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: Paul Lee
Name (Printed or typed)
2816 N.E. 25th Street
Address
Ocala, Florida 34470
City, State & Zip
828-349-4724
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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Paul Lee Anesthesia, Inc.

05 JUN 14 PM 12:09

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2816 N.E. 25th Street
Ocala, Florida 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to render professional anesthesia
services as an independent contractor

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Lee, CRNA, President
2816 N.E. 25th Street
Ocala, Florida 34470

ARTICLE VI REGISTERED AGENT

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

Paul Lee
2816 N.E. 25th Street
Ocala, Florida 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Lee
2816 N.E. 25th Street
Ocala, Florida 34470

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

Paul Lee Paul Lee, CRNA, President
Signature/Registered Agent

6/11/05
Date

Paul Lee Paul Lee, CRNA, President
Signature/Incorporator

6/11/05
Date