

705000093343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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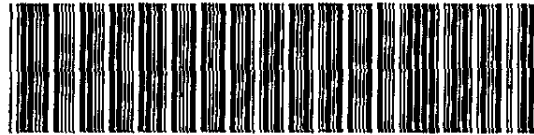
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/05--01021--008 **78.75

05 JUN 30 PM 2:42
JUN 30 2005

J. Shivers JUN 30 2005

TRANSMITTAL LETTER

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

SUBJECT: STAT 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
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: RICHARD H. ROBERTS
Name (Printed or typed)

P.O. Box 1626
Address

Ocala, FL 34478
City, State & Zip

(352) 873-6808
Daytime Telephone number

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, Florida Statutes (Profit)

Article I

The name of the corporation shall be **Stat Anesthesia Services, Inc.**

Article II

The principal place of business/mailing address is

P.O. Box 1626
Ocala, FL 34478

Article III

The purpose for which the corporation is organized is to supply Anesthesiologists and Certified Registered Nurse Anesthetists (CRNA) for permanent and temporary employment placement.

Article IV

The number of shares of stock is 100

Article V

The officer(s) for the corporation are

Stephen T. Pyles, President/Vice President/Secretary/Treasurer
P.O. Box 1626
Ocala, FL 34478

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STAT ANESTHESIA SERVICES, INC.
P.O. BOX 1626
OCALA, FL 34478

Article VI

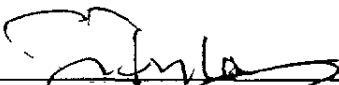
The name and street address of the registered agent is

York R. Gresser
2300 S.E. 17th Street
Suite 201
Ocala, FL 34471

Article VII

The name and street address of the Incorporator is

Stephen T. Pyles
P.O. Box 1626
Ocala, FL 34478



Signature/Incorporator

6/03/05
Date

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

6/03/05
Date

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STATE OF FLORIDA
TALLAHASSEE