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05 OCT 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/31/05
WDS-45900

TRANSMITTAL LETTER

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

SUBJECT: ROBERTS ANESTHESIA SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: TRACY ROBERTS
Name (Printed or typed)

9737 MEADOW FIELD CIRCLE
Address

TAMPA, FL 33626
City, State & Zip

586-801-9509
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 5, 2005

TRACY ROBERTS
9737 MEADOW FIELD CIR.
TAMPA, FL 33626

SUBJECT: ROBERTS ANESTHESIA SERVICES, INC.
Ref. Number: W05000045900

We have received your document for ROBERTS ANESTHESIA SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An effective date may be added to the Articles of Incorporation **If a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 305A00060448

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:

ROBERTS ANESTHESIA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9737 MEADOW FIELD CIRCLE
TAMPA, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSE ANESTHESIA STAFFING

ARTICLE IV SHARES

The number of shares of stock is:

60,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

TRACY ROBERTS
9737 MEADOW FIELD CIRCLE
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRACY ROBERTS
9737 MEADOW FIELD CIRCLE
TAMPA, FL 33626

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

x Tracy Roberts
Signature/Registered Agent

x 9/1/05
Date

x Tracy Roberts
Signature/Incorporator

x 9/1/05
Date

FILED
05 OCT 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA