

PD7000000463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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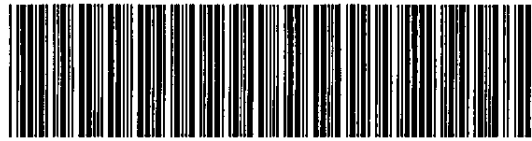
(Business Entity Name)

(Document Number)

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

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2007 JAN -2 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN. 2 2007

## COVER LETTER

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

SUBJECT: NGOCHA DANG,CRNA,PA

(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: NGOCHA DANG

Name (Printed or typed)

8279 PINE CAY ROAD

Address

WELLINGTON, FL 33414

City, State & Zip

813-789-2172

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

NGOCHA DANG, CRNA, PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8273 ~~8279~~ PINE CAY ROAD  
WELLINGTON, FL 33414

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RENDER SPECIFIC PROFESSIONAL SERVICE AS NURSE ANESTHETIST.

### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK @ \$1.00 VALUE PER SHARE

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

8273 NGOCHA DANG  
8279 PINE CAY ROAD  
WELLINGTON, FL 33414  
OFFICER/DIRECTOR

### ARTICLE VI REGISTERED AGENT

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

8273 NGOCHA DANG  
8279 PINE CAY ROAD  
WELLINGTON, FL 33414

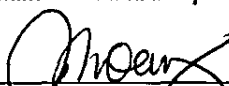
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

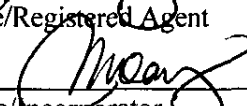
8273 NGOCHA DANG  
8279 PINE CAY ROAD  
WELLINGTON, FL 33414

\*\*\*\*\*

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

12/28/06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/28/06  
\_\_\_\_\_  
Date