

P070000089359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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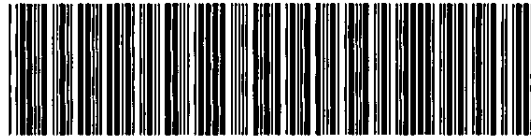
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*Handwritten mark*



**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:

V M ANESTHESIA SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

10402 139TH WAY  
LARGO, FL 33774

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NURSE AND/OR ANESTHESIA STAFFING AGENCY

**ARTICLE IV SHARES**

The number of shares of stock is:

60,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ALINA VAICAITIS MARTIN  
10402 139 TH WAY  
LARGO, FL 33774

**ARTICLE VI REGISTERED AGENT**

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

ALINA VAICAITIS MARTIN  
10402 139TH WAY  
LARGO, FL 33774

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALINA VAICAITIS MARTIN  
10402 139TH WAY  
LARGO, FL 33774

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*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 \_\_\_\_\_  
Signature/Registered Agent

x 8/4/07  
Date

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

x 8/4/07  
Date