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(Re	equestor's Name)		
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(Bu	usiness Entity Name	e)	
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SECRETARY OF STATE
TALLAHASSEF FLORIC



## **COVER LETTER**

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

SUBJECT:	V M ANESTHESIA SERVICES.	INC.		
	V M ANESTHESIA SERVICES, (PROPOSED CORPORA)  ginal and one (1) copy of the arti			
X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:		TIN (Printed or typed)	1	
10402 139TH WAY Address				
LARGO, FLORIDA 33774 City, State & Zip  727-596-8652  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)

## 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

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## 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 VAICALT IS MARTIN 10402 139TH WAY LARGO, FL 33774

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALINA VAICALTIS MARTIN 10402 139TH WAY LARGO, FL 33774

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

× Signature/Incorporator

x 8 4 07 Date

× 8/4/07
Date