

PO9000039143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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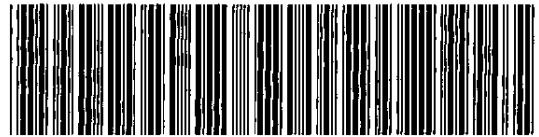
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

**SUBJECT:** BACAS 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:** BARBARA CHALKER

Name (Printed or typed)

8263 BAYWOOD VISTA DRIVE

Address

ORLANDO , FL 32810

City, State & Zip

956-792-4056

/ 956-793-5833

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:

BACAS ANESTHESIA SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8263 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSE ANESTHETIST

## 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):

BARBARA CHALKER  
8263 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810

## ARTICLE VI REGISTERED AGENT

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

BARBARA CHALKER  
8263 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA CHALKER  
8263 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810

\*\*\*\*\*

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 Barbara Chalker  
Signature/Registered Agent

x 04/25/09  
Date

x Barbara Chalker  
Signature/Incorporator

x \_\_\_\_\_  
Date

FILED  
09 MAY - 1 PM 11:03  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF ORANGE, FLORIDA