

PO9000094781

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000243889 3)))



H090002438893ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE IN
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DREAMSTATE ANESTHESIA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 18 AM 9:57

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 NOV 18 PM 4:23

RECEIVED

J. Shivers NOV 19 2009

ARTICLES OF INCORPORATION

In compliancae with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DREAMSTATE ANESTHESIA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2301 Collins Avenue, apt 317
Miami Beach, Fl 33139

ARTICLE III SHARES

The number of shares of stock is:

100 Shares \$1.00 each

ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS

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

Brian J Dooley - President 100% Shares
2301 Collins Avenue, apt 317
Miami Beach, Fl 33139

ARTICLE V REGISTERED AGENT

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

Brian J Dooley
2301 Collins Avenue, apt 317
Miami Beach, Fl 33139

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

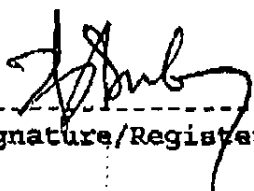
Brian J Dooley
2301 Collins Avenue, apt 317
Miami Beach, Fl 33139

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

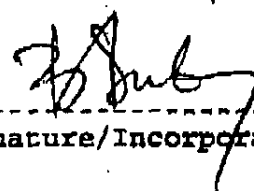
2009 NOV 18 AM 9:57

FILED

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

11/18/09

Date

11/18/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 18 AM 9:57

FILED