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W10000040378



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 SEP - 1 PM 4:06

✓
9/2/10

COVER LETTER

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

SUBJECT: Very Professional 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: Ronald M Shultz, CPA, PA.

Name (Printed or typed)

4908 NW 34th Street Suite #10

Address

Gainesville , Florida 32605

City, State & Zip

352-338-8350

Daytime Telephone number

dhyneman@northfloridacpa.com

E-mail address: (to be used for future annual report notification)

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

2010 SEP - 1 PM 4: 06

RECEIVED
SECTION OF 501 C. 3
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2010

RONALD M SHULTZ, CPA, PA
4908 NW 34TH STREET
SUITE #10
GAINESVILLE, FL 32605

SUBJECT: VERY PROFESSIONAL ANESTHESIA SERVICES, INC.
Ref. Number: W10000040378

We have received your document for VERY PROFESSIONAL ANESTHESIA SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 210A00020535

2010 SEP - 1 PM 4: 07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 SEP -1 PM 4:07

ARTICLE I NAME

The name of the corporation shall be:

Very Professional Anesthesia Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8728 SW 8th Place

Gainesville, Florida 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Andrzej Nowicki 8728 SW 8th Pl. Gainesville, Fla. 32607

President

ARTICLE VI REGISTERED AGENT

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

Andrzej Nowicki

8728 SW 8th Place

Gainesville, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronald M. Shultz, CPA, PA.

4908 NW 34th Street #10

Gainesville, Florida 32605

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

* Please see attached form for Signature

Signature/Registered Agent

Signature/Incorporator

Date

8/31/10

Date

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:

Very Professional Anesthesia Services, Inc.

2. The name and address of the registered agent and office is:

Andrzej Nowicki
(Name)

8728 SW 8th Place
(P.O. Box NOT acceptable)

Gainesville FL 32607
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

2010 SEP - 1 PM 4:07
STATE OF FLORIDA
DIVISION OF CORPORATIONS

*

Andrzej W. Nowicki
Signature

8-24-2010
Date