

P11000091816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 OCT 19 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L Burch OCT 20 2011

COVER LETTER

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

SUBJECT: BG Anesthesia, 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 O. Harrell
Name (Printed or typed)
1009 Riverwind Circle
Address
Vero Beach, FL 32967
City, State & Zip
772-770-1724
Daytime Telephone number
dobbie916@hotmail.com
E-mail address: (to be used for future annual report notification)

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

October 17, 2011

I. Barbara Oakes Harrell would like to request the release of the name BG Anesthesia, Inc. I have no intentions of reinstating the corporation BG Anesthesia, Inc which has been administratively dissolved. (P10000006259)

Barbara Oakes Harrell
Barbara Oakes Harrell
1009 Riverwind Circle
Vero Beach, FL 32967
772-770-1724

State of Florida
County of Indian River

The foregoing instrument was acknowledged before me on this 17th day of October, 2011, by Barbara Oakes Harrell.

Hospital I.D. produced for identification.



Diana L. Spaulding
DIANA L. SPAULDING

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: BG Anesthesia, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1009 Riverwind Circle
Vero Beach, Florida
32967

Mailing address, if different is:

Same

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

Name and Title: Barbara O. Harrell President
Address: 1009 Riverwind Circle
Vero Beach, Florida 32967

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Barbara O. Harrell
Address: 1009 Riverwind Circle
Vero Beach, FL 32967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara O. Harrell
Address: 1009 Riverwind Circle
Vero Beach, Florida 32967

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

Barbara O. Harrell
Required Signature/Registered Agent

10/17/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Barbara O. Harrell
Required Signature/Incorporator

10/17/11
Date

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TALLAHASSEE, FLORIDA