

P130000014677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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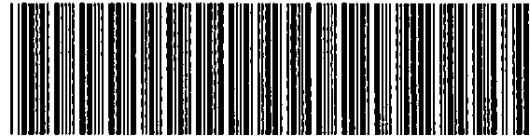
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/13/13

FILED
13 FEB 12 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Clinical Anesthesia and Research Associates Incorporated
(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: Carole Anne Daniel
Name (Printed or typed)
6398 Green Myrtle Dr
Address
Jacksonville, FL 32258
City, State & Zip
904-710-8163
Daytime Telephone number
caarinc@gmail.com
E-mail address: (to be used for future annual report notification)

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: Clinical Anesthesia and Research Associates Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6398 Green Myrtle Dr

Jacksonville, FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide clinical anesthesia services
and/or consultation and services for clinical research activities.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carole Anne Daniel (Director and President)

Name and Title: Dale Scott Daniel (Vice-President)

Address 6398 Green Myrtle Dr.
Jacksonville, FL 32258

Address: 6398 Green Myrtle Dr.
Jacksonville, FL 32258

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

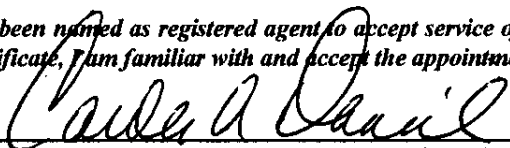
Name: Carole Anne Daniel
Address: 6398 Green Myrtle Dr.
Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carole Anne Daniel
Address: 6398 Green Myrtle Dr.
Jacksonville, FL 32258

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


Required Signature/Registered Agent

2/6/2013

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.


Required Signature/Incorporator

2/6/2013

Date