

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: NATURE COAST ANESTHESIA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1267 N SEAGULL PT

CRYSTAL RIVER FL 34429

Mailing address, if different is:

FILED
15 JUN 25 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANESTHESIA SERVICES AND ANY OTHER LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Marie Huffaker, Pres, Sec, Treas

Name and Title: _____

Address 1267 N. Seagull Pt

Address: _____

Crystal River, FL 34429

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Laura Marie Huffaker
Address: 1267 N Seagull Pt
Crystal River, FL 34429

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Laura Marie Huffaker
Address: 1267 N Seagull Pt
Crystal River, FL 34429

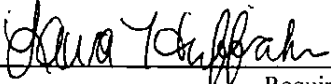
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

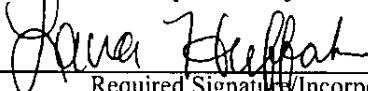
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 6/22/15
Required Signature/Registered Agent 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.

 6/22/15
Required Signature/Incorporator Date