## P1500055350

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
<b>(</b> Bu	ısiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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S. GILBERT

## **COVER LETTER**

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

SUBJECT: NAT	URE COAST ANESTHESIA, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM: _	AURA MARIE HUFFAKER		
	Name	(Printed or typed)	
12	267 N SEAGULL PT		
	Ā	Address	
C	RYSTAL RIVER, FL 34429		
-	City,	State & Zip	
- 84	13-421-1058		
	Daytime T	elephone number	
NI	DHUFFAKER@GMAIL.COM		
	F-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)

•	NATURE COAST ANES		- 5 AL
<i>RTICLE II PRINC</i> 267 N SEAGULL PT	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Maili	ng address, if different is:
CRYSTAL RIVER FL	34429		7,49,4
IRTICLE III PURPO The purpose for which to BUSINESS.	OSE the corporation is organized is:	NESTHESIA SERVICES A	ND ANY OTHER LAWFUL
			144
ne number of shares of	stock is: 4.000  AL OFFICERS AND/OR DIRECTORS		
ne number of shares of	Stock is: 1,000  AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea e: 1267 N. Seagull Pt	S Name and Title:	
ne number of shares of RTICLE V INITIA  Name and Title	Stock is: 1,000  AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea e: 1267 N. Seagull Pt	S Name and Title:	
te number of shares of RTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea  1267 N. Seagull Pt	S Name and Title: Address:	
ne number of shares of RTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea  1267 N. Seagull Pt  Crystal River, FL 34429	Name and Title:  Address:  Name and Title:  Address:	
ne number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title	Stock is:  AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea  1267 N. Seagull Pt  Crystal River, FL 34429	Name and Title: Address: Name and Title: Address:	
he number of shares of  **RTICLE V INITIA**  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea  1267 N. Seagull Pt  Crystal River, FL 34429	Name and Title:	
Name and Title Address  Name and Title Address	Stock is:  AL OFFICERS AND/OR DIRECTORS  Laura Marie Huffaker, Pres, Sec, Trea  1267 N. Seagull Pt  Crystal River, FL 34429	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name ar	nd Title:	Name and Title:
Address	s	_ Address:
	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) o	false maistered areas in
Name:	Laura Marie Huffaker	t the registered agent is:
Address:	1267 N Scagull Pt	-
	Crystal River, FL 34429	_
ARTICLE VII	<u>INCORPORATOR</u>	
-	ddress of the Incorporator is:	
Name:	Laura Marie Huffaker	_
Address:	1267 N Seagull Pt	_
	Crystal River, FL 34429	_
ADTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:date is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nat this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Jana T	Required Signature/Registered Agent	6/22/15
I culturit thin da		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
Regu	ired Signatur/Incorporator	