

P190000024542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

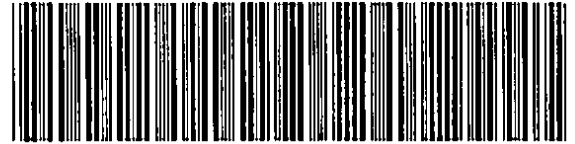
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MAR 25 2019



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MAR 15 AM 9:29
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Gulf Coast Anesthesia Providers, P.A.

(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: Margaret M. White

Name (Printed or typed)

8709 Blake Evan Circle

Address

Pensacola, Florida 32526

City, State & Zip

601-540-8139

Daytime Telephone number

mmwhite521@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: Gulf Coast Anesthesia Providers, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8709 Blake Evan Circle

Pensacola, Florida 32526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of Gulf Coast Anesthesia Providers, P.A. is to
meet the needs of medical institutions in the Mississippi Gulf Coast, Mobile Bay and Florida Panhandle areas
by providing them with Certified Registered Nurse Anesthetists.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: White, Margaret M. CEO

Name and Title: White, Jonathan C. COO

Address: 8709 Blake Evan Circle

Address: 8709 Blake Evan Circle

Pensacola, Florida 32526

Pensacola, Florida 32526

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

19 MAR 15 AM 9:30
CLERK OF DISTRICT COURT
PENSACOLA, FLORIDA

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: Jonathan C. White
Address: 8709 Blake Evan Circle
Pensacola, Florida 32526

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret M. White
Address: 8709 Blake Evan Circle
Pensacola, Florida 32526

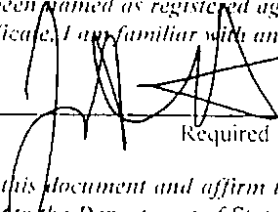
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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



Required Signature/Registered Agent

3/12/19
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

3/12/19
Date

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TALLAHASSEE, FLORIDA