P23000002311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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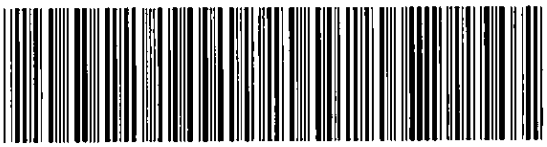

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CORPORATE ACCESS, INC.

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	CERTIFIED COPY	
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1. JILLIAN CULLINANE ANESTHESIA SERVICES PA
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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: JILLIAN CULLINANE ANESTHESIA SERVICES PA

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
495 SILVER PINE DRIVE	495 SILVER PINE DRIVE
ST. AUGUSTINE, FLORIDA 32092	ST. AUGUSTINE, FLORIDA 32092

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANESTHESIA SERVICES

23 JAN 2

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JILLIAN CULLINANE, DIRECTOR
Address: 495 SILVER PINE DRIVE
ST. AUGUSTINE, FLORIDA 32092

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: JILLIAN CULLINANE

Address: 495 SILVER PINE DRIVE

ST. AUGUSTINE, FLORIDA 32092

23 JAN 12 PM 2:15

ARTICLE VII INCORPORATOR

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

Name: JILLIAN CULLINANE

Address: 495 SILVER PINE DRIVE

ST. AUGUSTINE, FLORIDA 32092

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

Jillian Cullinane

Required Signature/Registered Agent

01/09/2023

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.

Jillian Cullinane

Required Signature/Incorporator

01/09/2023

Date