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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICK U	P: <u>MISTY 1/12</u>
	ХХ	CERTIFIED COPY PHOTOCOPY	
		CUS	
	XX	FILING	INC
1.		JILLIAN CULLINANE AN (CORPORATE NAME AND DOCUMEN'	NESTHESIA SERVICES PA
2.		(CORPORATE NAME AND DOCUMEN	PT #)
3.		(CORPORATE NAME AND DOCUMEN'	TT #)
4.		(CORPORATE NAME AND DOCUMEN'	T #)
5.		(CORPORATE NAME AND DOCUMENT	T #)
6.		(CORPORATE NAME AND DOCUMENT	T #)
SPE(L CTIONS:	

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be: JILLIAN CUL	LINANE ANESTHESIA	SERVICES PA		
ARTICLE II PRINC	_		Mailing address, if	different is:	
495 SILVER PIN	SILVER PINE DRIVE 495 SILVER PINE DRIVE			RIVE	
ST. AUGUSTINE	E, FLORIDA 3'2092	ST.	ST. AUGUSTINE, FLORIDA 32092		
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:	ANESTHESIA SERVICES			
	· · · · · · · · · · · · · · · · · · ·	. ,	<u> </u>	K.	DIVIS
			<u>-</u>	AN	- SEC. 1
	<u></u>			2	-13-
	·			T.	, ,;
-			"		173
	JILLIAN CULLINANE, DIRECT		e:		
Address	495 SILVER PINE DRIVE	Address:			
	ST. AUGUSTINE, FLORIDA 320	092			
Name and Title:		Name and Title	c:		
Address		Address:			
					
Name and Title:		Name and Title	e:		
Address		Address:			
	-				

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI REC	SISTERED AGENT la street address (P.O. Box NOT acceptable)	of the maictered scent is:		
Name:	JILLIAN CULLINANE			
Address: _	495 SILVER PINE DRIVE		SS SIAMO	
	ST. AUGUSTINE, FLORIDA 32092	_	JAK 1	
ARTICLE VII INC	CORPORATOR		2	
The name and addre	ss of the Incorporator is:		₩ <u>2</u>	
Name:	JILLIAN CULLINANE		15 10 10 10 10 10 10 10 10 10 10 10 10 10	
Address:	495 SILVER PINE DRIVE			
	ST. AUGUSTINE, FLORIDA 32092	_		
(If an effective date filing.) Note: If the date inse	is listed, the date must be specific and canneted in this block does not meet the applicab	not be more than five days portion of the days portion of the days provided the days	rior or 90 days after the	
Having been named a	tive date on the Department of State's records as registered agent to accept service of process liar with and agent the appointment as regist	for the above stated corporation		
Fillian Cullinane			01/09/2023	
	Required Signature/Registered Agent		Date	
I submit this docume document to the Depo	ent and affirm that the facts stated herein ar artment of State constitutes a third degree felo	e true. I am aware that the fa my as provided for in s.817.155	alse information submitted in a 5, F.S.	
	illian Cullinane		01/09/2023	
Required Signature/II	ecorporator	Da	ite	