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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
KBRADLEY ANESTHESIA SERVICES PA

Certificate of Status	0
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Page Count	02
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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: KBRADLEY ANESTHESIA SERVICES, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9025 COLBY DRIVE

FT. MYERS, FL 33919

Mailing address, if different is:

9025 COLBY DRIVE

FT. MYERS, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide ANESTHESIA SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KELLY BRADLEY-President

Address: 9025 COLBY DRIVE, FT. MYERS, FL 33919

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: KELLY BRADLEY

Address: 9025 COLBY DRIVE

FT. MYERS, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: KELLY BRADLEY

Address: 9025 COLBY DRIVE

FT. MYERS, FL 33919

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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

Kelly Bradley
Required Signature/Registered Agent

3/2/2023
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.

Kelly Bradley
Required Signature/Incorporator

3/2/2023
Date