## PAANSMITTAGEFFEK 44 (

Allisons Anesthesia PA
(Proposed corporate name - must include suffix)

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

SUBJECT:

100002928831--2 -07/12/99-01108-014 \*\*\*\*\*\*78 75 \*\*\*\*\*\*

Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for :
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	☐ \$87.50 Filing Fee, Certified Copy & Certificate of
FROM:	Name (Pri	nted or typed)  7. NE	
	13 radenton Flori City, St 941-747-67	ate & Zip	99 JUL 12 PH 4: 2 SECRETARY OF STATE TAULAHASSEE, FLORE

NOTE: Please provide the original and one copy of the articles.

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floria	a
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

FILED 99 JUL 12 PH 4:20 SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

Allisons Anesthesia PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1110 136th St. NE

Bradenton, Florida 34202

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gary P. Allison

Bradenton, Floride 34202

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Ruth Janet Allison

1110 136 # St. NE

Bradenton, Florida 34202

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

6-29.99 Date

Signature/Registered Agent

Articles of Incorporation

Article VI Specific Purpose for a "Professional Corporation"

Anesthesia Services provided by Certified Registered

Nurse Anesthetist.