

To: FL Dept. of State  
Subject: RA2830.103261

From: Katie Vansch

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

RA2830.103261

RECEIVED  
DEPARTMENT OF STATE  
09 APR 29 PM 2:15

FLORIDA PROFIT/NON PROFIT CORPORATION

BAY AREA ANESTHESIA SPECIALISTS, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 APR 29 PM 1:45

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09 APR 29 PM 1:46  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Bay Area Anesthesia Specialists, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

3213 W. Harbor View Ave.  
Tampa, FL 33611

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation      Medical Professional Corporation  
Anesthesia Practice Management

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Robert Dickerson, MD  
3213 W Harbor View Ave  
Tampa, FL 33611  
President

Duane Erbaugh, MD  
18825 Gunn Highway  
Odessa, FL 33556  
Vice President

Dedra Hern  
3213 W. Harbor View Ave  
Tampa, FL 33611  
Vice President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corp Direct Agents, Inc  
515 East Park Ave  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Dickerson, MD  
3213 W Harbor View Ave  
Tampa, FL 33611

.....  
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

Katie Wonsch, Asst. Sec.

Signature/Registered Agent

4-29-09

Date

[Signature]  
Signature/Incorporator

4-29-09

Date

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