

P23000049902

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

From: Account Name : RASI  
Account Number : 120220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MAKHIJA ANESTHESIA SERVICES, P.A.

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

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CORPORATIONS  
COMMERCIAL  
SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: MAHILJA ANESTHESIA SERVICES, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
4802 SW 34TH PLACE APT 311  
GAINESVILLE FL 32608

Mailing address, if different is  
4802 SW 34TH PLACE APT 311  
GAINESVILLE FL 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide PHYSICIAN AND MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NIKHIL MAHILJA- President

Address: 4802 SW 34TH PLACE APT 311  
GAINESVILLE FL 32608

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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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: NIKHIL MAKHIA  
 Address: 4802 SW 34TH PLACE APT 311  
 GAINESVILLE FL 32605

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

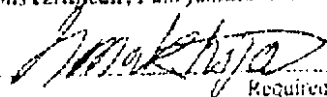
Name: NIKHIL MAKHIA  
 Address: 4802 SW 34TH PLACE APT 311  
 GAINESVILLE FL 32608

**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 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 time designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
 Required Signature/Registered Agent

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 TALLAHASSEE  
 6/21/2023

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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.

  
 Required Signature/Incorporator

6/21/2023  
 Date