K95697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

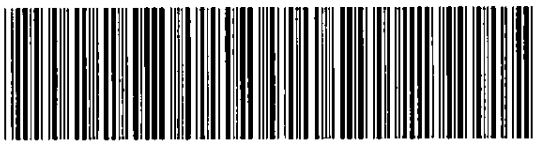
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800439538608

K95699

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANKER, P. A.

ATTORNEYS AT LAW

TAMPA — ST. PETERSBURG — CLEARWATER — FT. MYERS

TALLAHASSEE — WASHINGTON, D. C.

CABLE-FOWHITE
TELEX 52778

501 EAST KENNEDY BLVD.
POST OFFICE BOX 1438
TAMPA, FLORIDA 33601

(813) 228-7411

TELECOPIER
(813) 228-6313

JUNE 13, 1989

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Deborah Tracy, M.D., P.A.

Gentlemen:

Enclosed for filing please find the original Articles of Incorporation for the subject corporation. Also enclosed is our check in the amount of $70.00 to cover the following:

Filing Fee	20.00
Certified Copy Fee	30.00
Registered Agent Fee	20.00
	$70.00

We would appreciate your filing the original Articles, certifying a copy, and returning the certified copy to us.

Thank you.

Sincerely,

Frederick M. Rothenberg

FMR41/p
Enclosures
cc: Paul Hlavac, Office Manager

ARTICLES OF INCORPORATION

OF

DEBORAH TRACY, M.D., P.A.

I, the undersigned, make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these Articles of Incorporation for the purpose of forming a professional service corporation for profit in accordance with the laws of the State of Florida.

ARTICLE I

Name

The name of this corporation shall be:

Deborah Tracy, M.D., P.A.

ARTICLE II

Existence of Corporation

This corporation shall have perpetual existence.

ARTICLE III

Business, Objects or Purposes

The general nature of the business to be transacted by this corporation or the objects or purposes of the corporation shall be as follows:

(a) To engage solely and specifically in the business of carrying on the general business of medicine, including but without limitation, the practice of anesthesiology.

(b) To invest in real estate, mortgages, stocks, bonds or any other type of investments.

(c) To own real and personal property necessary for the rendering of the above professional services.

(d) In general, to have and exercise all powers conferred by the laws of Florida upon professional service corporations, and to do any and all things hereinabove set forth to the same extent as a natural person might or could do.

ARTICLE IV

Capital Stock

(a) The total number of shares of capital stock authorized to be issued by the corporation shall be 7,000 shares having a par value of $1.00 per share. Each of the said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property or in labor or services at a fair valuation to be fixed by the Board of Directors at a meeting called for such purpose. All stock when issued shall be paid for and shall be nonassessable.

(b) In the election of directors of this corporation there shall be no cumulative voting of the stock entitled to vote at such election.

ARTICLE V

Registered Office and Registered Agent

The street address of the corporation's initial registered office is 151 Sunset Boulevard, Suite 17, New Port Richey, Florida 33552, and the name of the corporation's initial registered agent at such address is DEBORAH TRACY, M.D. The corporation may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 607.037, Florida Statutes.

ARTICLE VI

Initial Board of Directors

The number of directors constituting the initial Board of Directors shall be one (1), and the name and address of the person who is to serve as sole member thereof is as follows:

Name	Address
Deborah Tracy, M.D.	151 Sunset Boulevard Suite 17 New Port Richey, FL 33552

ARTICLE VII

Incorporators

The name and address of the incorporator of this corporation is as follows:

Name	Address
Deborah Tracy, M.D.	151 Sunset Boulevard Suite 17 New Port Richey, FL 33552

ARTICLE VIII

Amendment of Articles of Incorporation

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are subject to this reservation.

IN WITNESS WHEREOF, I, the undersigned, have executed these Articles for the uses and purposes therein stated.

Deborah Tracy, M.D.

STATE OF FLORIDA

COUNTY OF PASCO

BEFORE ME, the undersigned authority, on this 1st day of JUNE, 1989, personally appeared DEBORAH TRACY, M.D., to me well known to be the person described in and who signed the foregoing Articles of Incorporation, and acknowledged to me that she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

Notary Public

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: OCT. 12, 1991
BONDED THRU NOTARY PUBLIC UNDERWRITERS

FMR41/q

FILED
JUN 15 12 40 PM '89
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1990

FILED
90 MAR 20 AM 11:27

Filing Fee of $35 Required - Make Checks Payable To Secretary of State

K95697 4

ZIP + 4 PRESORT

DEBORAH TRACY, M.D., P.A.
C/O DEBORAH TRACY MD
151 SUNSET BLVD., SUITE 17
NEW PORT RICHEY, FL. 33562

Street Address:
6028 Right Curve Road

City and State:
Spring Hill, FL
34609

Date Incorporated or Qualified in Florida: 08/15/1989

FEI Number: 59-295-0096

	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
D	TRACY, DEBORAH MD	~~151 SUNSET BLVD., #17~~ 6028 Right Curve Rd	~~NEW PORT RICHEY, FL~~ Spring Hill, FL

REGISTERED AGENT INFORMATION

Name and Address of New Registered Agent:

TRACY, DEBORAH MD
151 SUNSET BLVD., SUITE 17
NEW PORT RICHEY, FL 33552

Street Address (Do NOT Use P.O. Box Number):
6028 Right Curve Road

City and State:
Spring Hill FL 34609

SIGNATURE: _____ DATE: _____

Robert Berg Vice President 3/13/90

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS SEC.
TALLAHASSEE, FL.
FILED

DO NOT WRITE IN THIS SPACE

FILING FEE OF $61.25 REQUIRED

1. Name and Mailing Address of Corporation

DOCUMENT #K95697 (4)

ZIP + 4 PRESORT

Pearson

DEBORAH TRACY, M.D., P.A.
C/O DEBORAH TRACY MD
6028 RIGHT CURVE ROAD
SPRING HILL, FL 34609-8900

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address: 10019 Twelve Oaks Ct
22 PO Box No.
23 City and State: Brooksville, FL
24 Zip Code: 34613

3. Date Incorporated or Qualified To Do Business in Florida: 06/15/1989

4. FEI Number: 59-2950096

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4
D	TRACY, DEBORAH MD	~~6028 RIGHT CURVE ROAD~~ 10019 Twelve Oaks Ct	~~SPRING HILL, FL~~ Brooksville, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

TRACY, DEBORAH MD
6028 RIGHT CURVE ROAD
SPRING HILL, FL 34609

8. Name and Address of New Registered Agent

81 Name:
82 Street Address 1 (Do NOT Use P.O. Box Number): 10019 Twelve Oaks Ct
83 Street Address 2 (Do NOT Use P.O. Box Number):
84 City: Brooksville FL. 85 Zip Code: 34613

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE: Deborah M. Tracy DATE: 6/23/91

Deborah M. Tracy — President — (904) 596-8707

FILING FEE OF $61.25 REQUIRED — Make Checks Payable To: Secretary of State **$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

1992

FILING FEE $61.25 Make Payable To: Secretary of State

DOCUMENT # K95887 (4)

DEBORAH TRACY, M.D., P.A.
C/O DEBORAH TRACY MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613-4284

3. Date Incorporated or Qualified To Do Business in Florida: 06/15/1989

3a. Date of Last Report: 06/28/1991

4. FEI Number: 59-2950096

5. [redacted]

CERTIFICATE OF STATUS

6.

1	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4
D	TRACY, DEBORAH MD	1019 TWELVE OAKS CT	BROOKSVILLE, FL
V	BERG, ROBERT R.	10019 TWELVE OAKS CT	BROOKSVILLE, FL

REGISTERED AGENT INFORMATION

TRACY, DEBORAH MD
10019 TWELVE OAKS CT
BROOKSVILLE, FL 34613

8. Name and Address of New Registered Agent

84. City: FL.

(Registered Agent Accepting Appointment) Deborah H Tracy DATE 6/9/92

10. X

SIGNATURE Deborah H Tracy 6/9/92

Deborah Tracy President 904 596-8707

File Now. Filing Fee after May 1 is $225.00

CORPORATION
ANNUAL REPORT
1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K95697 (4)

1. Name and Mailing Address of Corporation

PROBOSSE

DEBORAH TRACY, M.D., P.A.
C/O DEBORAH TRACY MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1989

3a. Effective Date: 06/18/1992

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 592950096

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip / Country
24 / 25

Zip / Country
29 / 30

5. Certificate of Status Desired ☐ $8.75

6. [illegible] ☐ $5.00

7. Handicapped with 4/5 Quota Tax Exempt Status ☐ $138.75

8. [illegible] Florida Profit X

9. Name and Address of Current Registered Agent

TRACY, DEBORAH MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL | 85 Zip Code | 86 Co.

11. Pursuant to the provisions of Sections 607.1505 and 607.1508 of Sections 617.1505 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors or by an officer thereof as required by Section 607.1505, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
O TRACY, DEBORAH MD 1019 TWELVE OAKS CT BROOKSVILLE FL	
V BERG, ROBERT A 10019 TWELVE OAKS CT BROOKSVILLE FL	

14

SIGNATURE X [signature] 4/5/93

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1994

APPROVED AND FILED

94 MAR 17 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K36697 (4)

1. DEBORAH TRACY, M.D., P.A.

C/O DEBORAH TRACY MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

C/O DEBORAH TRACY MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

3. [illegible] 3a. 04/12/1993

4. [illegible]

5. [redacted]

$5.00

9. Name and Address of Current Registered Agent

TRACY, DEBORAH MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

FL

12. OFFICERS AND DIRECTORS

D
TRACY, DEBORAH MD
1019 TWELVE OAKS CT
BROOKSVILLE FL

V
BERG, ROBERT R
10019 TWELVE OAKS CT
BROOKSVILLE FL

13. CHANGES TO OFFICERS AND DIRECTORS

14.

SIGNATURE: [signature] 3/3/94 904-596-8707

K95697

CORPORATION INFORMATION SERVICES, INC.
120[illegible] HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-[illegible]586

CSC networks

MAIL TO:
P O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 510955 79818A

AUTHORIZATION :

COST LIMIT : $ PPD

FILED
94 DEC 27 PM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 21, 1994

ORDER TIME : 10:04 AM

ORDER NO. : 510955

000001359220
-12/21/94--01076--016
*****35.00 *****35.00

CUSTOMER NO: 79818A

CUSTOMER: Ronald G. Wendel, Esq
Tew Zinober Barnes Zimmet &
2655 Mccormick Drive

Clearwater, FL 34619

DOMESTIC AMENDMENT FILING

NAME: DEBORAH TRACY, M.D., P.A.

Name change SF

XX ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

W94-2761

12/27/94

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: ____

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95697 (4)

~~DEBORAH TRACY, M.D., P.A.~~
West Florida Anesthesia, P.A.

600001484291-
-05/11/95--01078--013
****200.00 ****200.00

Principal Address	Mailing Address
~~C/O DEBORAH TRACY MD~~	~~C/O DEBORAH TRACY MD~~
~~10019 TWELVE OAKS CT~~	~~10019 TWELVE OAKS CT~~
~~BROOKSVILLE FL 34613~~	~~BROOKSVILLE FL 34613~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1988
3a. Date of Last Report: 03/17/1994

2. Principal Address	2a. Mailing Address
West Florida Anesthesia, P.A.	West Florida Anesthesia, P.A.
22 11372 Cortez Blvd.	27 P.O. Box 5719
23 Spring Hill, FL	28 Spring Hill, FL
24 34613 25	29 34606 30

4. FEI Number: 59-2850086 — Added / Not Req.
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee
8. This corporation was formed for charitable purposes under Chapter 617, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRACY, DEBORAH MD
10019 TWELVE OAKS CT
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agree to comply with the provisions of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D TRACY, DEBORAH MD 1019 TWELVE OAKS CT BROOKSVILLE FL	10019 Twelve Oaks Ct. ☒ Change
~~V~~ ~~BERG, ROBERT A~~ ~~10019 TWELVE OAKS CT~~ ~~BROOKSVILLE FL~~	No longer an officer ☒ Change
	V/T Santilippo, Angelo D. MD 12306 Everard Dr. Spring Hill, FL 34609 ☐ Change
	5/1/95 MD ☐ Change
	☐ Change

14. I hereby certify that the information supplied with this form is accurate and that the filing is authorized and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes.

SIGNATURE: Deborah M Tracy 4/28/95 904 596-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR