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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 922-4001

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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## FLORIDA PROFIT CORPORATION OR P.A.

CS ANESTHESIA, INC.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
**OF**  
**CS Anesthesia, Inc.**

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be: CS Anesthesia, Inc.

The principal place of business of this corporation shall be:

406-161<sup>st</sup> Avenue  
Redington Beach, FL 33708

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000 having a par value of \$1.00.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until his successor is elected, is:

Cathy Sullivan, 406-161<sup>st</sup> Avenue, Redington Beach, FL 33708

Prepared by: Judy A. Schroeder  
8666 Seminole Blvd.  
Seminole, FL 33772  
(727) 398-2080

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**ARTICLE VI INCORPORATOR**

The name and street address of the incorporator to this articles of incorporation is:

Name:

Cathy Sullivan

Office:

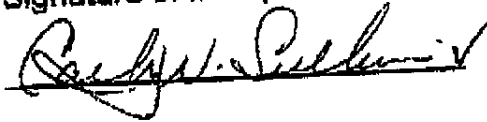
President,  
Secretary

Address:

406-161<sup>st</sup> Avenue  
Redington Beach, FL 33708

IN WITNESS WHEREOF, the undersigned incorporator has executed these  
Articles of Incorporation this 13th day of July, 2000.

Signature of Incorporator



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: CS Anesthesia, Inc.
2. The name and address of the registered agent and office is:

Cathy Sullivan  
406-161<sup>st</sup> Avenue  
Redington Beach, FL 33708

SIGNATURE:  ✓

TITLE: President

DATE: July 13, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:  ✓

DATE: July 13, 2000

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