

PO1000041432

TRANSMITTAL LETTER

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

600004045116--7  
-04/23/01--01150--003  
\*\*\*122.50 \*\*\*\*78.75

SUBJECT: Anesthesia Service Providers, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

Mullins and DeNik, PA

Name (printed or typed)

519 W. Patrick Street

Address

Kissimmee, FL 34741

City, State & Zip

407-846-1111

Daytime Telephone number

SECRET  
TALLAHASSEE, FLORIDA

01 APR 23 PM 3:58

FILED

1. SMITH ADD 01 APR 2001

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

APR 24 2001

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

Anesthesia Service Providers, Inc.

FILED  
01 APR 23 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

616 Narvaezi Street  
Venice, Florida 34285

## ARTICLE III SHARES

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

---one thousand---(1,000)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Diana C. Fenton  
616 Narvaezi Street  
Venice, FL 34285

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Diana C. Fenton  
7779 Incline Road  
Russellville, OH 45697

and

616 Narvaezi Street  
Venice, FL 34285

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of December, 19 2000.

Diana C. Fenton  
Signature

616 Narvaezi St.  
Signature

Venice FL 34285  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 is: Anesthesia Service Providers, Inc.

2. The name and address of the registered agent and office is:

Diana C. Fenton  
(Name)  
616 Narvaezi Street  
(P.O. Box not acceptable)  
Venice, FL 34285  
(City/State/Zip)

SECRET  
TALLAHASSEE, FLORIDA

01 APR 23 PM 3:58

FILED

*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.*

Diana C. Fenton  
(Signature)

4-01-07  
(Date)