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To:

Division of Corporations
Fax Number : (850)205-0381

From:

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

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA ANESTHESIA GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03 (4)
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUN 05 2001

ARTICLES OF INCORPORATION
FLORIDA ANESTHESIA GROUP, INC.

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.

The purpose of this corporation is anesthesiology.

ARTICLE I

The name of the corporation might be: **FLORIDA ANESTHESIA GROUP, INC.**

ARTICLE II PRINCIPAL OFFICE

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

4868 S.W. 72ND AVENUE
MIAMI, FL 33155

ARTICLE III SHARES

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

One Thousand shares of common, voting stock
(\$1.00) par value

**ARTICLE IV INITIAL REGISTERED AGENT AND
STREET ADDRESS**

The name and address of the initial registered agent is:

DIEGO E. CORDOVA, C.P.A.
8905 S.W. 87TH AVENUE
SUITE 200
MIAMI, FL 33176

ARTICLE V INCORPORATOR (S)

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

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ENRIQUE MURCIANO, M.D.
4868 S.W. 72ND AVENUE
MIAMI, FL 33155

ARTICLE VI DIRECTOR(S)

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

ENRIQUE MURCIANO, M.D.
4868 S.W. 72ND AVENUE
MIAMI, FL 33155

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30TH day of May, 2001.

X Signature 
ENRIQUE MURCIANO, M.D.

Articles of Incorporation
Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION

CERTIFICATE OF DESIGNATION
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.

The name of the corporation is : **FLORIDA ANESTHESIA GROUP, INC.**

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

Diego E. Cordova

(Name)

8905 S.W. 87th Avenue
Suite 200
Miami, Florida 33176

(Address)

Po box not acceptable

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.

SIGNATURE

Diego E. Cordova

DATE

5-20-01

REGISTERED AGENT FILING FEE; \$35.00

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TALLAHASSEE, FLORIDA

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