

Division of Corporations

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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) 205-0381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT CORPORATION OR P.A.

Zais Anesthesiology Associates P.A.

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

SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

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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:

Zais Anesthesiology Associates PA

ARTICLE II PRINCIPAL OFFICE

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

**Zais Anesthesiology Associates PA
423 West Vine Street
Kissimmee, FL 34741**

ARTICLE III SHARES

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

1000 SHARES with \$1.00 Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Anesthesiology**

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TALLAHASSEE, FLORIDA

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Azfar Syed
423 West Vine Street
Kissimmee, FL 34741**

ARTICLES VI INCORPORATOR(S)

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

**Azfar Syed
423 West Vine Street
Kissimmee, FL 34741**

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

11th day of September 20 01


Azfar Syed
SIGNATURE

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Zais Anesthesiology Associates PA**

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

Azfar Syed

Name

423 West Vine Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Azfar Syed
SIGNATURE

September 11th, 2001

(Date)

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