

TRANSMITTAL LETTER
P02000052144

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

SUBJECT: Anesthesia Cooperative of Tallahassee, PA
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

ADDITIONAL COPY REQUIRED

FROM: Thomas W. Lager
Name (Printed or typed)

2900 East Park Avenue, Suite B
Address

Tallahassee FL 32301
City, State & Zip

(850) 877-0112
Daytime Telephone number

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 10 2002
PM 4:16
FILED

509
W02-13019

600005464236--2
-05/07/02--01008--009
****195.00 ****70.00

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

✓
5/10/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

2002 MAY 10 PM 4:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

May 7, 2002

THOMAS W. LAGER
2900 EAST PARK AVENUE
SUITE B
TALLAHASSEE, FL 32301

SUBJECT: ANESTHESIA COOPERATIVE OF TALLAHASSEE, P.A.
Ref. Number: W02000013019

We have received your document for ANESTHESIA COOPERATIVE OF TALLAHASSEE, P.A. and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 302A00028534

RECEIVED

02 MAY 10 PM 12:48

ARTICLES OF INCORPORATION
OF
ANESTHESIA COOPERATIVE OF TALLAHASSEE, P.A.

FILED
2002 MAY 10 PM 4:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscribers to these articles of incorporation, being duly licensed to practice medicine under the laws of the state of Florida, adopt these articles to form a corporation under the Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, and other laws of the state of Florida.

ARTICLE I. NAME

The name of the professional service corporation is Anesthesia Cooperative of Tallahassee, P.A.

ARTICLE II. PRINCIPAL OFFICE

The principal office and mailing address of this corporation are:

Principal Office:

1213 TMH Court
Tallahassee, FL 32308

Mailing Address:

P O Box 3598
Fresno, CA 93650-3598

ARTICLE III. PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

ARTICLE IV. TERM OF EXISTENCE

The professional service corporation shall have perpetual existence starting on the date these articles of incorporation are filed by the Florida Department of State.

ARTICLE V. CAPITAL STOCK

The capital stock of the professional service corporation shall be 1,000 shares of common stock without par value.

None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice medicine in the state of Florida.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The address of the initial registered office of this professional service corporation is Law Office of Thomas W. Lager, 2900 East Park Avenue, Suite B, Tallahassee, Florida 32301. The name of the initial registered agent at that address is Thomas W. Lager.

ARTICLE VII. BOARD OF DIRECTORS

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of two members. The names and addresses of the members of the first board of directors are:

Michael B. Pesce, M.D., J.D.
6790 N West
Suite 102
Fresno, CA 93711

William H. Hass, M.D.
3006 Waterman Drive
Owens Cross Roads, AL 35763

ARTICLE VIII. SUBSCRIBERS

The name and address of the person signing these articles of incorporation is:

Dr. Michael B. Pesce, M.D., J.D.
6790 N West
Suite 102
Fresno, CA 93711

ARTICLE IX. AMENDMENT

The corporation reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber executed these articles of incorporation on 22 April, 2002.

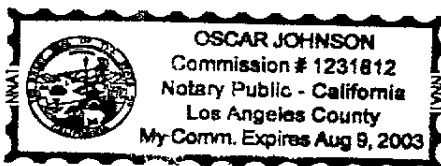
Signed, sealed, and delivered
in the presence of:

Bridget Tracy
Printed Name: Bridget Tracy
Elise V. Hall
Printed Name: Elise V. Hall

Michael B. Pesce, M.D., J.D.
Michael B. Pesce, M.D., J.D.

STATE OF FLORIDA
COUNTY OF Leon

The foregoing instrument was acknowledged before me this 22 day of April, 2002, by Michael B. Pesce, M.D., J.D., who is personally known to me or who has produced CA License as identification and who did/did not take an oath.



Oscar Johnson
NOTARY PUBLIC
Printed Name: Oscar Johnson

My Commission Expires: Aug 9, 2003

REGISTERED AGENT

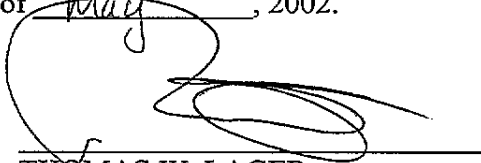
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2002 MAY 10 PM 4:16

ACCEPTANCE OF DESIGNATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, Thomas W. Lager, hereby accepts his appointment as Registered Agent of Anesthesia Cooperative of Tallahassee, P.A., by affixing his signature to this acceptance this 9th day of May, 2002.

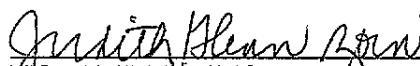

THOMAS W. LAGER

STATE OF FLORIDA

COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to take acknowledgments, personally appeared THOMAS W. LAGER, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and Acceptance of Designation as Registered Agent, respectively, and he acknowledged before me that he so executed this document.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the County and State aforesaid this 9th day of May, 2002.


NOTARY PUBLIC
Printed Name: Judith Glenn Zorn

My Commission Expires:

