P02000054161

SECRETARY OF STATE TALLAHASSES FLORIDA

02 HAY 13 AM 10: 31

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

SUBJECT:	C.A.	ANESTLESIA INC.	
		(Proposed corporate name - must include suffix)	

400005507114--2 -05/13/02--01093--015 ******70.00 ******70.00

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

□ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JOSEPH CURRAN
Name (Printed or typed)

TOOD DIVERSINE NOW

5 420 RIVERSIDE URIVE

MELBOURNE BEACH, FL, 32951-3740

321-952-8869

- 8869 Daytime Telephone number

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

ARTICLES OF INCORPORATION

02 MAY 13 AM 10: 31

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be:
C.A. ANESTHESIA INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
5920 RIVERSIDE DRIVE, MELBOURNE BEACH, FI
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
JOSEPH CURRAN, 5920 RIVERSIDE DRIVE
he name and address of the incorporator to these Articles of Incorporation are:
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: 105EPh CURRAN, 5920 RIVERSIDE DRIVE, MELBOURNE BEACH FL 32957
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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 obligations of my position as registered agent

On the process for the above stated corporation at the place designated in this provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the

Signature/Registered Agent

1-21-03