

PD3000028904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

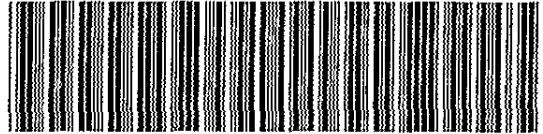
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400013169974

03/10/03--01031--013 \*\*78.75

FILED  
03 MAR 10 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: MDS ANESTHESIA, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: SOUTHWEST PROFESSIONAL SERVICES OF SO. FL., INC  
Name (Printed or typed)

13571 McGregor Blvd #22  
Address

Fort Myers, FL 33919  
City, State & Zip

239-481-4444  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

**MDS ANESTHESIA, INC.**  
**A Florida Profit Corporation**

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

03 MAR 10 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is MDS ANESTHESIA, INC.
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

ANESTHESIA SERVICES

3. **Authorized Shares.** The corporation shall have the authority to issue 1000 shares of common stock. The par value of the stock is \$ 0.
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business  
142 E HAMPTON WAY  
JUPITER, FL 33458  
Mailing Address  
142 E HAMPTON WAY  
JUPITER, FL 33458

5 **Initial Officers/Directors.** The initial Board of Directors shall consist of 1 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

MARC D. SCHARF  
142 E HAMPTON WAY JUPITER, FL 33458  
PRESIDENT

6. **Registered Agent.**

The name and Florida street address of the Registered Agent of the Corporation is:

SOUTHWEST PROFESSIONAL SERVICES OF SO.FL, INC  
13571 MCGREGOR BLVD SUITE #22  
FORT MYERS, FL 33919

7. **Incorporator.** The name and address of the incorporator is:

MARC D. SCHARF  
142 E HAMPTON WAY  
JUPITER, FL 33458

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: 3/3/03

Marc D. Scharf  
MARC D. SCHARF

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

DATE: 3/3/03

Patricia Daddio  
SOUTHWEST PROFESSIONAL  
SERVICES OF SO.FL., INC.

FILED  
03 MAR 10 PM 1:53  
SECRETARY OF  
STATE  
TALLAHASSEE  
FL