

P03000096622

(Requestor's Name)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ALL SAINTS ANESTHESIA & PAIN MANAGEMENT, P.A.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: DANIEL O'ROURKE
Name (Printed or typed)

11377 CORTAZ BLVD.
Address

BROOKSVILLE, FL 34613
City, State & Zip

(352) 597-3060
* Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALL SAINTS ANESTHESIA & PAIN MANAGEMENT, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11377 CORTEZ BOULEVARD BROOKSVILLE, FL 34613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE PAIN MANAGEMENT & ANESTHESIA SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1,000 - ONE THOUSAND

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WALTER SZYBLOWSKI, M.D. - DIR.
LEONARD CACIOPPO, M.D. - DIR.
JAMES JACHIMOWICZ, M.D. - DIR.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ALL SAINTS SURGERY CENTER, INC.
11377 CORTEZ BLVD.
BROOKSVILLE, FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALL SAINTS SURGERY CENTER, INC.
11377 CORTEZ BLVD.
BROOKSVILLE, FL 34613

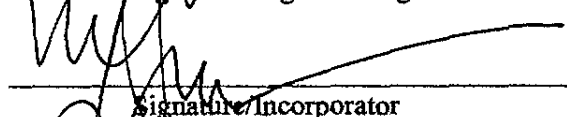
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/26/03

Date



Signature/Incorporator

8/26/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA