

P03000114776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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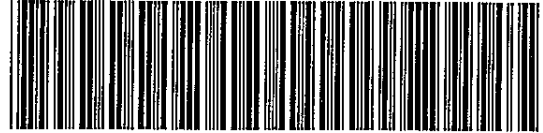
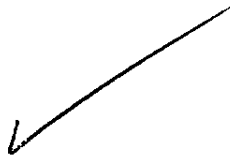
(Business Entity Name)

(Document Number)

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

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10/10/08

**TRANSMITTAL LETTER**

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

SUBJECT: Feinerman Anesthesia, PA  
(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

Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Steven J. Feinerman, M.D.  
Name (Printed or typed)

3906 Obispo St, West  
Address

Tampa, FL 33629  
City, State & Zip

(813) 837-6019  
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:

Feinerman Anesthesia, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3906 Obispo ST, West  
Tampa, FL 33629

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Anesthesia Services in a hospital  
OR surgery center OR  
other setting.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Steven J. Feinerman, <sup>M.D.</sup> President  
3906 Obispo ST, West  
Tampa, FL 33629

**ARTICLE VI REGISTERED AGENT**

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

Katherine Feinerman  
3906 Obispo ST, West  
Tampa, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Steven J. Feinerman, MD  
3906 Obispo ST, West  
Tampa, FL 33629

\*\*\*\*\*  
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

Katherine Feinerman

Signature/Registered Agent

10/8/03

Date

Steven J. Feinerman MD

Signature/Incorporator

10/8/03

Date

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TALLAHASSEE, FL 32311