

P03000114776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

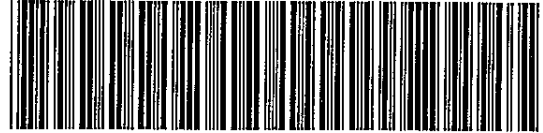
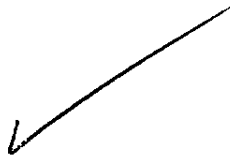
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALL ARIZONA

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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)

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TALLAHASSEE, FL 32311

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, ^{M.D.} 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