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(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/13/19

TRANSMITTAL LETTER

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

SUBJECT: SunSouth Anesthesia, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Wesley Jon Barrett

Name (printed or typed)

7123 Melissa Elaine Dr.

Address

Panama City Beach, FL 32407

City, State & Zip

850-234-7053 Attn: Bonnie Cox

Daytime Telephone number

CERTIFICATE OF DOMESTICATION

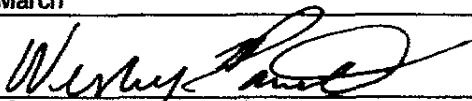
The undersigned, Wesley Jon Barrett, President,
(Name) (Title)

of SunSouth Anesthesia, Inc. a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 15, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Mississippi.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was SunSouth Anesthesia, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is SunSouth Anesthesia, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Mississippi.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Wesley Jon Barrett, of SunSouth Anesthesia, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 15 day of March, 2004.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

04 MAR 15 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
SunSouth Anesthesia, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
7123 Melissa Elaine Dr., Panama City Beach, FL 32407

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
Anesthesia services

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:
1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
Wesley Jon Barrett, 7123 Melissa Elaine Dr., Panama City Beach, FL 32407, President, Secretary, Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:
Wesley Jon Barrett, 7123 Melissa Elaine Dr., Panama City Beach, FL 32407

ARTICLE VII INCORPORATOR


THE NAME AND ADDRESS OF THE INCORPORATOR IS:
Wesley Jon Barrett, 7123 Melissa Elaine Dr., Panama City Beach, FL 32407

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


Signature/Registered Agent Wesley Barrett

March 15, 2004

Date


Signature/Incorporator Wesley Barrett

March 15, 2004

Date