

P05000000783

(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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800042424108

11/17/04--01010--001 \*\*128.75

FILED  
05 JAN -3 AM 04  
TALLAHASSEE, FL  
COUNTY CLERK

EFFECTIVE DATE  
11-10-03

C.F. 1-4

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

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	\$78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

FROM: Eva Patey E.P. Anesthesia PC.  
Name (printed or typed)

3180 OVERLOOK RD  
Address

DANIE, FL 33328  
City, State & Zip

954-854-9007  
Daytime Telephone Number

\* Please hold + file last week of December.  
Thank you  
Eva Patey

## TRANSMITTAL LETTER

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

SUBJECT: Georgia corporation to become Florida Corporation  
(sole)

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
-----------------------	---------

FROM: Eva Patel  
Name (Printed or typed)

3180 Overlook Rd  
Address

Davie, FL 33328  
City, State & Zip

(770) 560-7820  
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 23, 2004

EVA PATEL  
3180 OVERLOOK RD.  
DAVIE, FL 33328

SUBJECT: E.P. ANESTHESIA, INC.  
Ref. Number: W04000043078

We have received your document for E.P. ANESTHESIA, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Domestications have to use their incorporation date from the state they were originally incorporated in, as the effective date. You can wait to file the corporation until January 1, 2005 if you like.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis  
Regulatory Specialist II  
New Filings Section

Letter Number: 604A00066525

61416 01 27 04  
61416 01 27 04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 10, 2004

EVA PATEL  
3180 OVERLOOK RD.  
DAVIE, FL 33328

SUBJECT: E.P. ANESTHESIA, INC.  
Ref. Number: W04000043078

RECEIVED

05 JAN -3 AM 10:33

We have received your document for E.P. ANESTHESIA, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are returning your documents since you are not ready for them to be filed. ~~Please return them in time that we can file them on January 3rd.~~ We will not be in the office on January 1st. We will be back in our office on the 3rd.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis  
Regulatory Specialist II  
New Filings Section

Letter Number: 604A00066525

## CERTIFICATE OF DOMESTICATION

The undersigned, Eva Patel, CEO  
(Name) (Title)  
of E.P. Anesthesia, P.C. a foreign corporation,  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

FILED  
JAN - 3  
AM 8 04

1. The date on which corporation was first formed was 11-10-2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was E.P. Anesthesia, P.C..
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 E.P. Anesthesia, P.C.
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 Georgia.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CEO, Eva Patel, of E.P. Anesthesia, P.C.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 16<sup>th</sup> day of December 2004.

E.P. Patel  
(Authorized Signature)

**EFFECTIVE DATE**  
11-10-03

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.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

E.P. Anesthesia, Inc

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

3180 Overlook Rd  
Davie, FL 33328

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

provide professional anesthesia services

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

500

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

CEO - Eva Patel  
3180 Overlook Rd  
Davie, FL 33328

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Eva Patel  
3180 Overlook Rd  
Davie, FL 33328

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Eva Patel  
2900 Pharr Ct South #1013  
Atlanta, GA 30305

EFFECTIVE DATE  
11-10-03

\*\*\*\*\*  
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

12/16/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/16/04  
\_\_\_\_\_  
Date

FILED  
05 JAN -3 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA