

POS000082688

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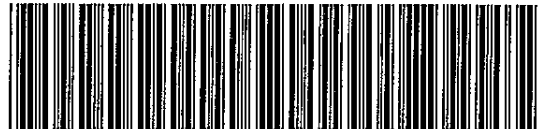
(Business Entity Name)

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DIVISION OF CORPORATIONS
05 JUN -8 PM 3:30

06/08/05--01025--013 **78.75

J. Shivers JUN 08 2005

TRANSMITTAL LETTER

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

SUBJECT: ANESTHESIA ASSOCIATES OF AMERICA, INC.

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: EDWARD C. GELBER
619 NW 12TH AVENUE
MIAMI, FL 33136
(305) 326-0260

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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: ANESTHESIA ASSOCIATES OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

619 NW 12TH AVENUE
MIAMI, FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE ANESTHESIA SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EDWARD C. GELBER
619 NW 12TH AVENUE
MIAMI, FL 33136
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

EDWARD C. GELBER
619 NW 12TH AVENUE
MIAMI, FL 33136


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


EDWARD C. GELBER
619 NW 12TH AVENUE
MIAMI, FL 33136

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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 EDWARD C. GELBER

6/6/05
Date


Signature/Incorporator EDWARD C. GELBER

6/6/05
Date