

PD5000163545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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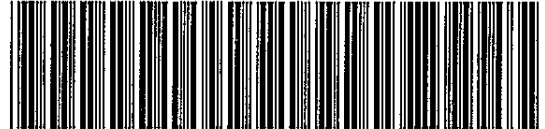
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 12-

COVER LETTER

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

SUBJECT: Palo Verde Anesthesia, P.A.

(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

☒ \$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: Jose M. Herrera

Name (Printed or typed)

1819 SE 12th Ave

Address

Ocala

Fl.

34471

City, State & Zip

352-502-3306

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:

Paio Verde Anesthesia, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1819 SE 12th Ave
Ocala, Fl. 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical services/ Anesthesia Provider

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jose M. Herrera, M.D, CEO
1819 SE 12th Ave
Ocala, Fl. 34471

ARTICLE VI REGISTERED AGENT

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

Jose M. Herrera, M.D.
1819 SE 12th Ave
Ocala, Fl. 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose M. Herrera, M.D.
1819 SE 12th Ave
Ocala, Fl. 34471

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

12/12/05

Date



Signature/Incorporator

12/12/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA