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From:

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Account Number : 120030000107

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### FLORIDA PROFIT/NON PROFIT CORPORATION

Center ONE Anesthesia Associates, P.A.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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#### ARTICLES OF INCORPORATION

OF

#### CENTER ONE ANESTHESIA ASSOCIATES, P.A.

The undersigned incorporator, for the purpose of forming a corporation in the state. Florida hereby adopts the following Articles of incorporation.

### Article I Name, Duration and Purpose

The name of this corporation is Center ONE Anesthesia Associates, P.A. The duration of the corporation is perpetual. The effective date upon which this corporation shall come into existence shall be the date these Articles are filed by the Secretary of State. The general purpose for which this professional association is organized shall be (i) to render dental services to the general public, and to do all things in connection therewith that are customarily done by dentists under the laws of the State of Florida and (ii) in furtherance of its corporate purposes, the professional association shall have all of the general and specific powers and rights granted to and conferred on a corporation by the Professional Service Corporation Act.

# Article II Principal Office

The address of the principal office and mailing address of the corporation in the State of Florida is, 1520 Sawgrass Village Drive #135, Ponte Vedra Beach, Florida 32082.

#### Article III Capital Stock

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having no par value.

# Article IV Registered Office and Agent

The street address of the registered office of this corporation is 8244 Seven Mile Drive, Ponte Vedra Beach, FL 32082 and the name of the registered agent of this corporation at that address is Barbara Spengeman.

### Article V Directors

1. This corporation shall have one (1) director initially. The number of directors may be

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increased or diminished from time to time by the bylaws, but shall never be less than one (1). The manner of selection of directors shall be as provided in the bylaws.

2. The name and street address of the member of the board of directors of this corporation is:

<u>Name</u>

Barbara Spengeman

<u>Address</u>

8244 Seven Mile Drive

Ponte Vedra Beach, FL 32082

3. If any vacancy occurs in the Board of Directors during a term, the remaining directors, by affirmative vote of a majority thereof, may elect a director to fill the vacancy until the next annual meeting of shareholders.

#### Article VI Bylaws

The power to adopt, amend or repeal bylaws for the management of this corporation shall be vested in the Board of Directors or the shareholders, but the Board of Directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to the amendment or repeal by the Board of Directors.

### Article VII Incorporator

The name and street address of the incorporator of this corporation is Barbara Spengeman, 1520 Sawgrass Village Drive #135, Ponte Vedra Beach, Florida 32082.

### Article VIII Amendment

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute, and any right conferred upon the shareholders is subject to this reservation.

|   | IN WITNESS | WHEREOF, the | incorporator has | executed the | se Articles the | 21 | day o |
|---|------------|--------------|------------------|--------------|-----------------|----|-------|
|   | Normhir    | , 2006.      | 1                | -            |                 |    |       |
| - |            |              | ***//            | 1111         |                 |    |       |

as Incorporator

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## CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Sections 48.091, 607.0501, 607.0505 and 621.13, Florida Statutes, the following is submitted:

Center ONE Anesthesia Associates, P.A. desiring to organize or qualify under the laws of the State of Florida hereby designates Barbara Spengeman as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 8244 Seven Mile Drive, Ponte Vedra Beach, Florida 32082.

November 21, 2006

Barbara Spengeman, Besident

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

November 21, 2006

Barbara Spengeman, as Registered Agent

