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Page 1 of 5

Division of Corporations

Page 1 of 1

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To: Division of Corporations
Fax Number : (850)205-0381

SECOND REQUEST

Date August 14, 2007

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

FLORIDA PROFIT/NON PROFIT CORPORATION

Sailfish Anesthesia Services Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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20

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sailfish Anesthesia Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Sailfish Anesthesia Services, Inc.
23 Rio Vista Drive
Sewalls Point, FL 34996**

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Jill S. Flannery
23 Rio Vista Drive
Sewalls Point, FL 34996**

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Jill S. Flannery - President/Director
23 Rio Vista Drive
Sewalls Point, FL 34996**

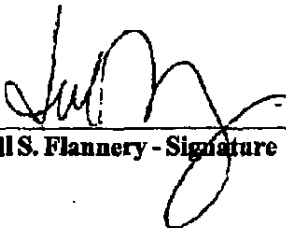
ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Jill S. Flannery
23 Rio Vista Drive
Sewalls Point, FL 34996**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of August 2007.



Jill S. Flannery - Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Sailfish Anesthesia Services Inc.**

2. The name and address of the registered agent and office is:

Jill S. Flannery

Name

23 Rio Vista Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Sewalla Point, FL 34996

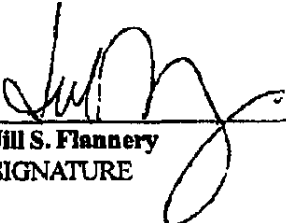
(City / State / Zip)

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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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Jill S. Flannery
SIGNATURE

August 3, 2007
(Date)

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