

PO8000108339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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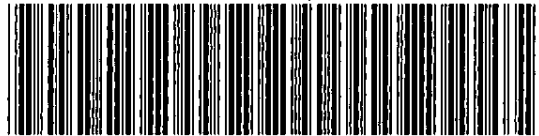
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ODNEY N. CHARLES
(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: ODNEY N. CHARLES
Name (Printed or typed)

1321 SW 103 RD AVENUE
Address

PEMBROKE PINES, FLORIDA 33025
City, State & Zip

954-319-1969 954-435-4127 (FAX)
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:

OC ANESTHESIA CORP.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1321 SW 103RD AVENUE PEMBROKE PINES, FLORIDA 33025-4749

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ALL ASPECTS OF HEALTHCARE AND ANESTHESIA SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ODNEY N. CHARLES 1321 SW 103RD AVENUE PEMBROKE PINES, FLORIDA 33025 (PRESIDENT)
SHAWNA CHARLES 1321 SW 103rd Ave. Pembroke Pines Florida. 33025 (Vice-President and Secretary)

ARTICLE VI REGISTERED AGENT

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

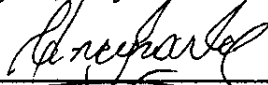
ODNEY N. CHARLES 1321 SW 103RD AVENUE PEMBROKE PINES, FLORIDA 33025-4749

ARTICLE VII INCORPORATOR

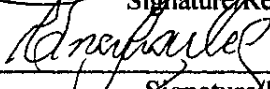
The name and address of the Incorporator is:

ODNEY CHARLES 1321 SW 103RD AVENUE PEMBROKE PINES, FLORIDA 33025-4749

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



Signature/Incorporator

10 Dec. 2008

Date

10 Dec. 2008

Date

FILED
08 DEC 12 PM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA