

P090000007620

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000016509 3)))



H090000165093ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I200000003146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 23 PM 1:47

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

MIAMI ANESTHESIA GROUP, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED
09 JAN 23 PM 3:59
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

(((H09000016509)))

**ARTICLES OF INCORPORATION
OF
Miami Anesthesia Group, P.A.**

The undersigned incorporator, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name and address of this corporation shall be:

Miami Anesthesia Group, P.A.
8415 SW 107 Ave Apt 105 W
Miami, FL 33173

ARTICLE II - EXISTANCE

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE OF CORPORATION

The general nature of the business to be transacted, and the purpose of the corporation is rendering professional and nursing related services and shareholders of the corporation shall be individuals duly licensed or otherwise legally authorized to render the same foregoing professional services.

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares that the corporation shall have authority to issue is 1000 shares of common stock having \$ 1.00 par value.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VI - NAME OF REGISTERED
AGENT AND ADDRESS OF REGISTERED OFFICE**

The name and street address of the corporation's initial registered resident agent shall be:

Jacqueline Garcia
8415 SW 107 Ave Apt 105 W
Miami, FL 33173

FILED
09 JAN 23 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H09000016509)))

ARTICLE VII - INITIAL BOARD OF DIRECTORS

Initially this corporation shall have one director. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one. The names and address of the initial director is:

Jacqueline Garcia
8415 SW 107 Ave Apt 105 W
Miami, FL 33173

ARTICLE VIII- INCORPORATOR

The name and address of the persons signing these articles is:

Jacqueline Garcia
8415 SW 107 Ave Apt 105 W
Miami, FL 33173

ARTICLE IX - BY LAWS

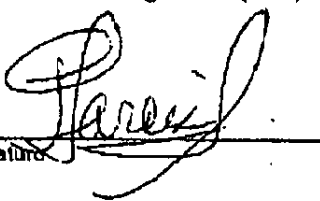
The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of directors and shareholders.

ARTICLE X - AMENDMENT

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has (have) executed these Articles of Incorporation this: January 13, 2009

Signature



(((H09000016509)))

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Miami Anesthesia Group, P.A.

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

Jacqueline Garcia
8415 SW 107 Ave Apt 105 W
Miami, FL 33173

Having been named to accept services of process for the above stated corporation, at the place designated in the certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE:



TITLE: *Secretary*

DATE: January 16, 2009

FILED
09 JAN 23 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA