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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SHERIDAN HEALTHCORP, INC.  
Account Number : I20000000045  
Phone : (954) 838-2769  
Fax Number : (954) 851-1780

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: adriana.tejeda@shcr.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Coral Anesthesia Associates, Inc.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION  
OF  
CORAL ANESTHESIA ASSOCIATES, INC.**

**ARTICLE I - NAME**

The name of this corporation is Coral Anesthesia Associates, Inc. (the "Corporation").

**ARTICLE II - TERM**

The corporate existence of the Corporation shall be perpetual, unless and until terminated pursuant to Florida law.

**ARTICLE III - PURPOSE**

The Corporation is organized for the purpose of transacting any or all lawful business for corporations organized under The Florida Business Corporation Act of the State of Florida.

**ARTICLE IV - PRINCIPAL OFFICE ADDRESS**

The mailing and street address of the principal office of this Corporation, unless and until relocated, is 670 Carrot Wood Terrace, Plantation, FL 33324.

**ARTICLE V - CAPITAL STOCK**

The aggregate number of shares which the Corporation shall have the authority to issue is 1,000 shares of Common Stock, par value \$.01 per share.

**ARTICLE VI - REGISTERED AGENT  
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Corporation is 515 East Park Avenue, Tallahassee, FL 32301; and the name of the initial registered agent of this Corporation at that address is NRAI Services, Inc.

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**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

The Corporation shall have one (1) initial director. The number of directors may be either increased or decreased from time to time as provided in the Corporation's Bylaws, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

Andrew Greenfield, M.D.  
670 Carrot Wood Terrace  
Plantation, FL 33324

**ARTICLE VIII - INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is:

Andrew Greenfield, M.D.  
670 Carrot Wood Terrace  
Plantation, FL 33324

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 28<sup>th</sup> day of February, 2012.

  
\_\_\_\_\_  
Andrew Greenfield, M.D., Incorporator

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**CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

**WITNESSETH:**

That Coral Anesthesia Associates, Inc. (the "Corporation"), desiring to organize under the laws of the State of Florida, has named NRAI Services, Inc. as its agent to accept service of process within this state.

NRAI Services, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the Corporation, at the place designated in this Certificate, NRAI Services, Inc. hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and accepts the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 28 day of February, 2012.

NRAI SERVICES, INC.

By: 

Name: Peter F. Souza

Title: Assistant Secretary