

P13000079630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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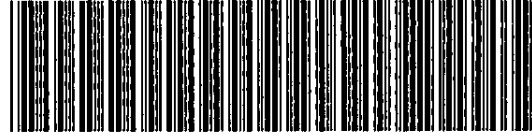
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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9/26/13

COVER LETTER

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

SUBJECT: Marion Surgery Center Anesthesia Inc.
(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: York R. Gresser, Reg. Agent
Name (Printed or typed)

P O Box 1629

Address

Ocala FL 34478

City, State & Zip

352-873-6808

Daytime Telephone number

ygresser@flpain.cfcoxmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Marion Surgery Center Anesthesia Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2207 SW 1st Avenue

Ocala FL 34471

Mailing address, if different is:

P O Box 1629

Ocala FL 34478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activities or businesses
permitted under the laws of the United States and under the Florida General
Corporation Act including, but not limited to the acquisition of life insurance bonds,
debentures, commodities, leaseholds, options, puts and calls, easements, mortgages,
notes, mutual funds, investment trusts, common trust funds, voting trust
certificates, and any class of stock or right to subscribe for stock, including
trading on margin.

ARTICLE IV SHARES

The number of shares of stock is: 500 @ one dollar (\$1.00) par value, common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen T. Pyles, M.D., Pres.

Address: P O Box 1629
Ocala FL 34478

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

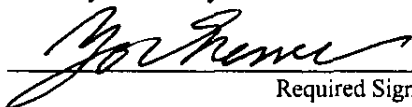
Name: York R. Gresser, MBA
Address: 2300 S Pine Ave, Suite A
Ocala FL 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephen T. Pyles, M.D.
Address: P O Box 1629
Ocala FL 34478

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

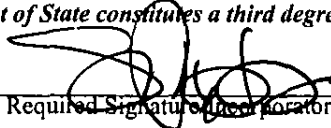


Required Signature/Registered Agent

9-24-13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

9-24-13

Date

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