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# FLORIDA PROFIT/NON PROFIT CORPORATION Y.L.K. ANESTHESIA, INC

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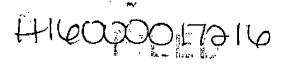
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# ARTICLES OF INCORPORATION

SECRETARY OF STATE FALLAHASSEE FLORIDA

OF

## Y.L.K. ANESTHESIA, INC

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt (s) the following Articles of Incorporation.

#### ARTICLE I

The name of this corporation shall be:

# Y.L.K. ANESTHESIA, INC

#### ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The principal place of business of this corporation is:

18275 SW 104th Street Miami, FL 33196

#### ARTICLE IV

The general nature of this corporation is to transact any and all lawful business.

#### **ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue are 100 share having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Heidi A. Jamid 18275 SW 104th Street Miami, FL 33196

#### ARTICLE VII

The name and address of the initial board of director(s) shall be:

Heidi A. Jamid 18275 SW 104th Street Miami, FL 33196

## ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Heidi A. Jamid 18275 SW 104th Street Miami, FL 33196

The undersigned has executed these Articles of Incorporation this 12th day of January, 2016.

INCORPORATOR

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

## Y.L.K. ANESTHESIA, INC

# (NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCROPORATION, 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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

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