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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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FLORIDA PROFIT/NON PROFIT CORPORATION

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Resolute Florida Anesthesia, Inc.

Certificate of Status	1
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JUN 24 2016

T. SCOTT

COVER LETTER

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

SUBJECT: Resolu	te Florida Anesthesia, Inc.		
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLU</u>	IDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
	evin Miller, Esq. Name	(Printed or typed)	
22	7 W. Monroe, Suite 4400		ý
	A	ddress	
Ch	icago, IL 60606		
	City, S	State & Zip	
313	2-984-6491	•	
Daytime Telephone number			
kln	niller@mwe.com		
	E-mail address: (to be used	for future annual report no	otification)

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

6/23/2016 3:33:36 PM From: To: 8506176381(3/4)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	Resolute Florida Ancsthesia	i, Inc.		
ARTICLE II PRING	Principal street address		Mailing address, if different is:	
Boca Raton, Florida 33				
ARTICLE III PURPO The purpose for which to	OSE to conduction is organized is:	et any lawful busines	s for which corporations may be	
	orida Business Corporation Act.		عشن	9
			<u></u>	NISIN THE
			<u></u>	72.
			N	
			7	(73) (73) 20%
				-1
	18,00 - 4,000		<u> </u>	
				1 2
	AL OFFICERS AND/OR DIRECTORS e:	Name and This	Jay Martin, Secretary and Treasure	er
	7100 West Camino Real, Suite 301		7100 West Camino Real, Suite 301	
71001033	Boca Raton, Florida 33433	//ddic33.	Boca Raton, Florida 33433	
Name and Title	•	Name and Title	*	
Address		Address:		
Nome and Title		Name and Title		
			·	
Address		Address:		
				—

6/23/2016 3:33:36 PM From: To: 8506176381(4/4)

Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Name:	CT Corporation System	
Address:	1200 South Pinc Island Road	
	Plantation, Florida 33324	
ARTICLE VII II	NCORPORATOR	
The name and add	ress of the Incorporator is:	
Name:	Kevin Miller, Esq.	<u></u>
Address:	227 W. Monroc, Suite 4400	
	Chicago, IL 60606	
Effective date, if of	EFFECTIVE DATE: her than the date of filing: te is listed, the date must be specific and can	(OPT!ONAL) nnot be more than five business days prior or 90 business
days after the filin	g.)	• •
	serted in this block does not meet the applicable tive date on the Department of State's records	ble statutory filing requirements, this date will not be listed as is.
Having been name this certificate, I an	d as registered agent to accept service of proce familiar with and accept the appointment as r	ress for the above stated corporation at the place designated it registered agent and agree to act in this capacity TAIPIN
Jan 1	Assistant Secr	• 0/20/10
	Required Signature/Registered Agent	Date
I submit this document to the De	nent and affirm that the talts stated herein ar partment of Slute consultings a third degree feld	ire true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.
	ALM.	6/23/1L
Require	d Signature/Incurporator	Date