

Division of Corporations

Page 1 of 1

# P20000035361

Florida Department of State  
Division of Corporations  
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.

(((H20000141444 3)))



H200001414443ABCU

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (718) 889-7420

MAY 14 2020

T. SCOTT

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

Email Address: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION PREDDY ANESTHESIA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2020 MAY 13 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAY 13 AM 11:38

FILED

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

ARTICLE I NAME PREDDY ANESTHESIA INC.  
The name of the corporation shall be: \_\_\_\_\_

<u>ARTICLE II PRINCIPAL OFFICE</u>	Principal <u>street</u> address	Mailing address, if different is:
28733 PICANA LANE	_____	28733 PICANA LANE
WESLEY CHAPEL, FL 33543	_____	WESLEY CHAPEL, FL 33543

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_ to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES 200  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	PAVANAJA REDDY/PRESIDENT	Name and Title:	_____
Address	28733 PICANA LANE	Address:	_____
	WESLEY CHAPEL, FL 33543		_____

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

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

2020 MAY 13 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: PAVANAJA REDDY  
Address: 28733 PICANA LANE  
WESLEY CHAPEL, FL 33543

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAVANAJA REDDY  
Address: 28733 PICANA LANE  
WESLEY CHAPEL, FL 33543

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

<u>Pavanja Reddy</u>	<u>5-11-2020</u>
Required Signature/Registered Agent	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.*

<u>Pavanja Reddy</u>	<u>5-11-2020</u>
Required Signature/Incorporator	Date