# **Electronic Articles of Incorporation For**

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CARE ANESTHESIA SPECIALISTS, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

# Article I

The name of the corporation is:

CARE ANESTHESIA SPECIALISTS, INC.

# **Article II**

The principal place of business address:

18350 MURDOCK CIRCLE #102 PORT CHARLOTTE, FL. 33948

The mailing address of the corporation is:

18350 MURDOCK CIRCLE #102 PORT CHARLOTTE, FL. 33948

## Article III

The purpose for which this corporation is organized is: ANESTHESIA PRACTICE

#### **Article IV**

The number of shares the corporation is authorized to issue is: 100

## Article V

The name and Florida street address of the registered agent is:

SWAROOP MUPPAVARAPU 18350 MURDOCK CIRCLE #102 PORT CHARLOTTE, FL. 33948

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SWAROOP MUPPAVARAPU

# **Article VI**

The name and address of the incorporator is:

SWAROOP MUPPAVARAPU 18350 MURDOCK CIRCLE #102 PORT CHARLOTTE, FL 33948 P20000041203 FILED June 02, 2020 Sec. Of State kepage

Electronic Signature of Incorporator: SWAROOP MUPPAVARAPU

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P SWAROOP MUPPAVARAPU 18350 MURDOCK CIRCLE, #102 PORT CHARLOTTE, FL. 33948

# **Article VIII**

The effective date for this corporation shall be:

07/01/2020