

P210 0005 0424

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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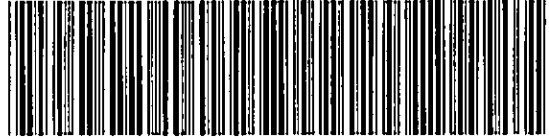
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECLERK OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFF
MAY 27 2021

COVER LETTER

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

SUBJECT: Vigilant Anesthesiology, PA

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Dennis Gray

Name (printed or typed)

115 N ARRAWANA AVE

Address

UNIT 8

City, State & Zip

TAMPA, FL 33609

Daytime Telephone Number

470-373-6199

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Dennis Gray, President
(Name) (Title)

of Vigilant Anesthesiology, PA, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Vigilant Anesthesiology, PA
(Foreign Corporation)

2. The jurisdiction and date of its formation is Georgia, 01/09/2019

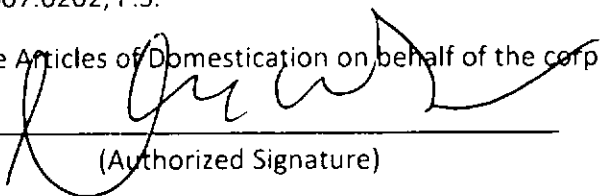
3. The name of the domesticated corporation is Vigilant Anesthesiology, PA

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

VIGILANT ANESTHESIOLOGY, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
115 N ARRAWANA AVE

Mailing Address
115 N ARRAWANA AVE

UNIT 8

UNIT 8

TAMPA, FL 33609

TAMPA, FL 33609

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Medical Care

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1500

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

LEGALINC CORPORATE SERVICES INC.

5237 Summerlin Commons, Suite 400

Fort Myers FL 33907

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

1/11/20

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Dennis Gray/President

Address: 115 N Arrawana Ave

Unit 8

Tampa, FL 33609

Name & Title: Dennis Gray/Treasurer

Address: 115 N Arrawana Ave

Unit 8

Tampa, FL 33609

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: Dennis Gray/Vice President

Address: 115 N Arrawana Ave

Unit 8

Tampa, FL 33609

Name & Title: Dennis Gray/Secretary

Address: 115 N Arrawana Ave

Unit 8

Tampa, FL 33609

Name & Title: _____

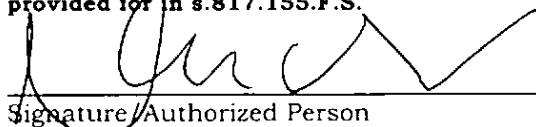
Address: _____

Name & Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

I submit this document 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.



Signature/Authorized Person

4/27/21

Date