

P21000104487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

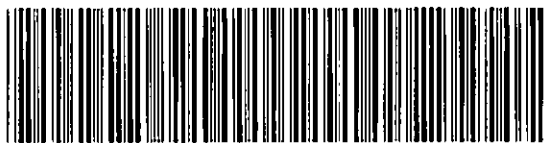
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/16/2021

**\*\*WALK IN\*\***

ENTITY NAME USAP OF FLORIDA, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

*Plain Copy*

*Certified Copy*

*Certificate of Status*

XXXXXX

CERTIFIED COPY AND CERTIFICATE OF STATUS

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$87.50

ACCOUNT #: I20160000072

*S. R. MO*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

SUBJECT: USAP of Florida, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee.  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Amy Sanford  
Name (Printed or typed)  
U.S. Anesthesia Partners, Inc.  
12222 Merit Drive, Suite 700  
Address  
Dallas, Texas 75251  
City, State & Zip  
972-776-3123  
Daytime Telephone number  
amy.sanford@usap.com  
E-mail address: (to be used for future annual report notification)

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: USAP of Florida, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>851 Trafalgar Ct, Suite 200E</u>	<u></u>
<u>Maitland, FL 32751</u>	<u></u>
<u></u>	<u></u>

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A. To conduct and transact any business lawfully authorized and not prohibited by Chapter 607, Florida Statutes, as the same may be from time to time amended.

B. To do anything necessary and proper for the accomplishment or futherance of any of the purposes or objects of this corporation enumerated in these Article of Incorporation, or any amendment thereof necessary or incidental to the protection and benefit of this corporation; and in general, either alone or in association with other corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment futherance of such purposes or objects of this corporation.

## ARTICLE IV SHARES

The number of shares of stock is: 100 shares, par value \$0.001 per share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Len Wright, Sole Director and President</u>	Name and Title:	<u></u>
Address	<u>c/o U.S. Anesthesia Partners, Inc.</u>	Address:	<u></u>
	<u>12222 Merit Drive, Suite 700</u>		<u></u>
	<u>Dallas, Texas 75251</u>		<u></u>

Name and Title:	<u>Tyler McBee, CFO and Treasurer</u>	Name and Title:	<u></u>
Address	<u>c/o U.S. Anesthesia Partners, Inc.</u>	Address:	<u></u>
	<u>12222 Merit Drive, Suite 700</u>		<u></u>
	<u>Dallas, Texas 75251</u>		<u></u>

Name and Title:	<u>Amy Sanford, Secretary</u>	Name and Title:	<u></u>
Address	<u>c/o U.S. Anesthesia Partners, Inc.</u>	Address:	<u></u>
	<u>12222 Merit Drive, Suite 700</u>		<u></u>
	<u>Dallas, Texas 75251</u>		<u></u>

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amy Sanford

Address: U.S. Anesthesia Partners, Inc., 12222 Merit Dr., Suite 700

Dallas, Texas 75251

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**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 days prior or 90 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*

Elizabeth Kitchen  
Required Signature/Registered Agent

12/13/2021  
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.*

[Signature]  
Required Signature/Incorporator

12/15  
November, 2021  
Date