

P22000093839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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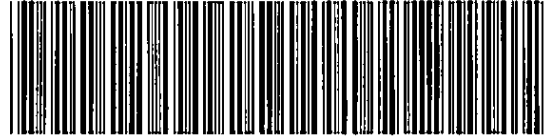
(Business Entity Name)

(Document Number)

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**CORPORATE
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INC

1. ELITE ANESTHESIA PROVIDERS PA

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: ELITE ANESTHESIA PROVIDERS PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5290 EUROPA DRIVE # A
BOYNTON BEACH, FLORIDA 33437

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE ANESTHESIA STAFFING,
CONSULTING AND SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCELO A. OLIVEIRA

Name and Title: _____

Address (DIRECTOR)

Address: _____

5290 EUROPA DRIVE # A

BOYNTON BEACH, FLORIDA 33437

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MARCELO A. OLIVEIRA
Address: 5290 EUROPA DRIVE # A
BOYNTON BEACH, FLORIDA 33437

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARCELO A. OLIVEIRA
Address: 5290 EUROPA DRIVE # A
BOYNTON BEACH, FLORIDA 33437

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.

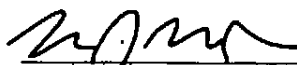
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/20/22
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.



Required Signature/Incorporator

12/20/22
Date

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