

P22000094196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

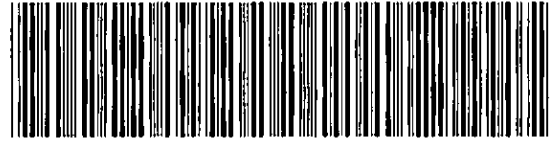
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DATE: 12/27/22

NAME: BDJ ANESTHESIA MD PC


TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

ARTICLE I NAME

BDJ ANESTHESIA MD PA
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

362 6TH STREET NE
NAPLES, FL 34120

362 6TH STREET NE
NAPLES, FL 34120

ARTICLE III PURPOSE

TO PROVIDE ANESTHESIA SERVICES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH M. CERMINARA

Name and Title: _____

(DIRECTOR)

Address

Address: _____

362 6TH STREET NE
NAPLES, FL 34120

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: JOSEPH M. CERMINARA
Address: 362 6TH STREET NE
NAPLES, FL 34120

ARTICLE VII INCORPORATOR

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

Name: JOSEPH M. CERMINARA
Address: 362 6TH STREET NE
NAPLES, FL 34120

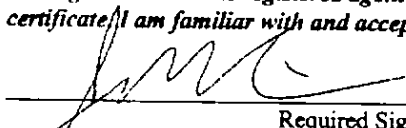
ARTICLE VIII EFFECTIVE DATE:

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

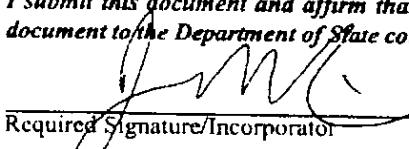


Required Signature/Registered Agent

12/25/22

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

12/25/22

Date