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Florida Department of State
Division of Corporations
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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION
ARJ ANESTHESIA SERVICES PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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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: ARJ ANESTHESIA SERVICES PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
12909 GREEN GUAVA AVENUE
BOYNTON BEACH, FL 33473

Mailing address, if different is:
12909 GREEN GUAVA AVENUE
BOYNTON BEACH, FL 33473

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to provide ANESTHESIA SERVICES.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH ROSENFELDPres
Address: 12909 GREEN GUAVA AVENUE, BOYNTON BEACH, FL 33473

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: KENNETH ROSENFELD

Address: 12909 GREEN GUAVA AVENUE

BOYNTON BEACH, FL 33473

ARTICLE VII INCORPORATOR

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

Name: KENNETH ROSENFELD

Address: 12909 GREEN GUAVA AVENUE

BOYNTON BEACH, FL 33473

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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 business days prior or 90 business 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

Kenneth Rosenfeld 3/3/23

Required Signature/Registered Agent 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.

Kenneth Rosenfeld 3/3/23

Required Signature/Incorporator Date