

P23000016949

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

STATE OF FLORIDA
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

5/14/15

202

23

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

ARTICLE I NAME ARJ ANESTHESIA SERVICES PA

The name of the corporation shall be: _____

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 200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH ROSENFELD Pres

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: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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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

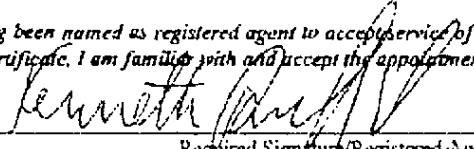
ARTICLE VIII EFFECTIVE DATE:

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.)

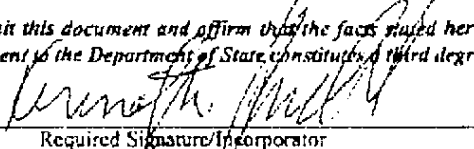
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

3/3/23
 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

3/3/23
 Date

DEPARTMENT OF STATE
 TALLAHASSEE FL

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