

**H23000031825**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000147795 3))



H230001477953ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From:  
 Account Name : RASI  
 Account Number : I20220000023  
 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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 NAZARIO ANESTHESIA SERVICES PA**

RECEIVED

2023 APR 20 PM 2:09

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 COMMERCIAL SERVICES

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

RECEIVED

2023 APR 20 PM 6:56

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

APR 21 2023

**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: NAZARIO ANESTHESIA SERVICES PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3610 16th Ave SE  
Naples FL 34117

Mailing address, if different is:  
3610 16th Ave SE  
Naples FL 34117

**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: Peter Nazario-Montalvo-President Name and Title: \_\_\_\_\_  
Address: 3610 16th Ave SE Address: \_\_\_\_\_  
Naples FL 34117 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

2023 APR 20 PM 6:56  
HALL ASSOCIATES

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: Peter Nazario-Montalvo  
 Address: 3610 16th Ave SE  
 Naples FL 34117

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Peter Nazario-Montalvo  
 Address: 3610 16th Ave SE  
 Naples FL 34117

2023 APR 20 PM 6:56  
 I L L  
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**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:*

Peter Nazario \_\_\_\_\_ 4/13/2023  
 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.*

Peter Nazario \_\_\_\_\_ 4/13/2023  
 Required Signature/Incorporator Date