

P230000 48830

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

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Account Name : RASI
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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
BOODHWANI ANESTHESIA PA**

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

RECEIVED
2023 JUN 29 PM 2:27
CORPORATIONS
COMMERCIAL
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2023 JUN 29 AM 10:20
SECRETARY OF
STATE

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

ARTICLE I NAME BOODHWANI ANESTHESIA PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2025 ISLA DE PALMA CIRCLE 2025 ISLA DE PALMA CIRCLE
NAPLES FL 34119 NAPLES FL 34119

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: NIZAR BOODHWANI-President Name and Title:
Address 2025 ISLA DE PALMA CIRCLE Address:
NAPLES FL 34119

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TALLAHASSEE, FLORIDA

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: NIZAR BOODHWANI

Address: 2025 ISLA DE PALMA CIRCLE
NAPLES FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NIZAR BOODHWANI

Address: 2025 ISLA DE PALMA CIRCLE
NAPLES FL 34119

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

<u><i>NZA</i></u>	✓ 06/28/2023
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.

<u><i>NZA</i></u>	✓ 06/28/2023
Required Signature/Incorporator	Date