

P2400013166
Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA
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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: andrew@ahcpapllc.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
YS ANESTHESIOLOGY ASSOCIATES PA**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

T.J.H

2/21/24

H24000068146

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: YS ANESTHESIOLOGY ASSOCIATES PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
17579 TIFFANY TRACE DRIVE
BOCA RATON, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YEVGENIY SHUSTOROVICH Name and Title: _____
Address: President/Director Address: _____
17579 TIFFANY TRACE DRIVE
BOCA RATON, FL 33487

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ 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: YEVGENIY SHUSTOROVICH

Address: 17579 TIFFANY TRACE DRIVE
BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

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

Name: YEVGENIY SHUSTOROVICH

Address: 17579 TIFFANY TRACE DRIVE
BOCA RATON, FL 33487

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

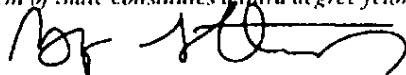


2/16/2024

Required Signature/Registered Agent YEVGENIY SHUSTOROVICH

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 YEVGENIY SHUSTOROVICH

2/16/2024
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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