



795000031399

Diazcorp of Coral Way, Inc.

Auditors & Accountants

3800 Coral Way, Suite 600

Miami, Florida 33145

448-2055



March 22, 1995

SECRETARY OF STATE
Division of Corporations
Corporate Records Bureau
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

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Re: NATIONAL BOARD OF ANESTHESIOLOGY AND PAIN MANAGEMENT, INC.

Dear Sir:

Enclosed herewith please find the proposed Certificate of Incorporation for a Florida Corporation and the Registered Agent for filing, together with a check to cover in the sum of \$ 122.50 as follows:

Filing Fee	\$ 35.00
Registered Agent	35.00
Certified Copy of Articles	52.50
	<hr/>
	\$122.50

THANK YOU.

Cordially,

DIAZCORP OF CORAL WAY, INC.

Amparo R. Diaz
AMPARO R. DIAZ

AD/er
Enclosures

B. REGISTER APR 17 1995

855, 609, 610, 612, 671
W95-8179

Member of
Florida Accountants Association
National Society of Public Accountants

FILED
65 APR 21 1995
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 17, 1995

AMPARO R DIAZ
3400 CORAL WAY
SUITE 600
MIAMI, FL 33145

SUBJECT: NATIONAL BOARD OF ANESTHESIOLOGY AND PAIN
MANAGEMENT, INC.
Ref. Number: W95000008179

We have received your document for **NATIONAL BOARD OF ANESTHESIOLOGY AND PAIN MANAGEMENT, INC.** and your check(s) totaling \$22.50. However, the document has not been filed and is being retained in this office for the following:

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 195A00017819

FILED.

95 APR 21 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

NATIONAL BOARD OF ANESTHESIOLOGY AND PAIN MANAGEMENT, INC.

WE, the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions:

ARTICLE I

THE NAME of the Corporation shall be:

NATIONAL BOARD OF ANESTHESIOLOGY AND PAIN MANAGEMENT, INC.

ARTICLE II

THE CORPORATION may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III

THE MAXIMUM number of shares of stock which the Corporation shall have outstanding at any time, shall be **ONE HUNDRED (100)** shares of stock which shall be common stock of a par value of **FIFTY DOLLARS (\$ 50.00)** per share. All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at a true valuation thereof.

ARTICLE IV

THIS CORPORATION shall begin business with a minimum capital in the amount of **FIVE HUNDRED DOLLARS (\$500.00)**.

ARTICLE V

THIS CORPORATION shall have perpetual existence.

ARTICLE VI

THE PRINCIPAL office of the Corporation shall be located at:

**1510 Venera Avenue
Coral Gables, Florida 33143**

OTHER OFFICES for the transaction of business may be located wherever the Directors may deem necessary or expedient.

ARTICLE VII

THE BUSINESS of the Corporation shall be managed by the Board of Directors, who need not be stockholders of the corporation. The number of the Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

ARTICLE VIII

THE NAMES and mailing addresses of the members of the First Board of Directors and officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS

ENRIQUE MURCIANO, M.D.

**Post Office Box 145058
Coral Gables, Florida 33114**

TIMOTHY WILSON, M.D.

**Post Office Box 145058
Coral Gables, Florida 33114**

OFFICERS

ENRIQUE MURCIANO, M.D.

President / Treasure

TIMOTHY WILSON, M.D.

Vice President / Secretary

ARTICLE IX

THE NAMES and mailing addresses of each of the subscribers to this Certificate of Incorporation are as follows:

ENRIQUE MURCIANO, M.D.

**Post Office Box 145058
Coral Gables, Fl. 33114**

TIMOTHY WILSON, M.D.

**Post Office Box 145058
Coral Gables, Fl. 33114**

ARTICLE X

THIS CORPORATION shall have full power to carry on and transact each or all of the business enumerated in Article II of this Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

ARTICLE XI

THIS CORPORATION shall have the power to issue the whole or any part, as determined by the Board of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until the whole thereof shall have been paid.

ARTICLE XII

UPON ELECTION of the Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by-laws of the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law, whether said stock shall be fully or partially paid, unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

ARTICLE XIII

THIS CORPORATION shall designate **ENRIQUE MURCIANO, M.D.** with offices located at **1510 Venera Avenue, Coral Gables, Florida 33143** as its duly authorized Registered Agent to be in charge of the Corporate Registered Office as required by State Law.

IN WITNESS WHEREOF, the undersigned incorporators have executed these articles of Incorporation this **22nd** day of **March**, **1995**.


ENRIQUE MURCIANO, M.D.


TIMOTHY WILSON, M.D.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE
SERVED.

In pursuance of Chapter 49.091, Florida Statutes, the following is submitted, in
compliance with said Act:

FIRST, That **NATIONAL BOARD OF ANESTHESIOLOGY AND PAIN MANAGEMENT,
INC.** desiring to organize under the laws of the State of Florida with its principal
office, as indicated in the Articles of Incorporation, in the City of **CORAL GABLES**,
County of **DADE**, State of Florida has named:

ENRIQUE MURCIANO, M.D., 1510 Venera Avenue, Coral Gables, Florida 33143.

as Its Agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated
Corporation, at place designated in this Certificate, I hereby accept to act in this
capacity, and agree to comply with the provision of said Act relative to keeping
open said office.


ENRIQUE MURCIANO, M.D.

FILED
APR 21 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA