

P960000 | 8809
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 28 AM 8:36

SUBJECT: ANESTHESIA SPECIALIST OF DADE & BROWARD CO
(Proposed corporate name - must include suffix)

100001727491
-02/29/96--01015--009
***122.50 ***122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

FROM: RALPH ALMODOVAR
Name (printed or typed)

3131 JASPER WAY
Address

MIRAMAR, FL 33025-4242
City, State & Zip

(951) 437-9249
Daytime Telephone number

5/2/29

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ANESTHESIA SPECIALIST OF DADE & BROWARD CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3131 JASPER WAY, MIRAMAR, FL 33025-4242

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(1,000.00) ONE THOUSAND SHARES OF COMMON STOCK. SUCH SHARES SHALL BE AS SINGLE CLASS AND SHALL HAVE A PAR VALUE OF (\$1.00) PER SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**RALPH ALMODOVAR
3131 JASPER WAY
MIRAMAR, FL 33025-4242**

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

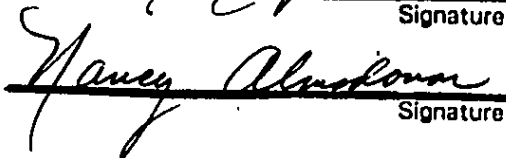
**RALPH ALMODOVAR
NANCY ALMODOVAR
3131 JASPER WAY
MIRAMAR, FL 33025-4242**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26TH day of FEBRUARY, 1996.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ANESTHESIA SPECIALIST CT

DADE & BROWARD CO.

2. The name and address of the registered agent and office is:

RALPH ALMODOVAR

(Name)

3131 JASPER WAY

(P.O. Box ~~not~~ acceptable)

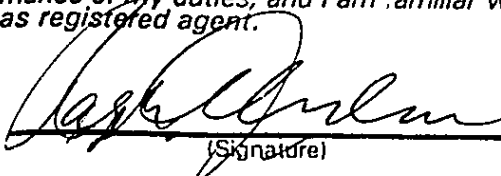
MIRAMAR, FL 33025-4242

(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

REGISTERED AGENT