

09600004994 /
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 0327
Tallahassee, FL 32314

800001858423
-06/11/96--01123--014
***131.25 ***131.25

SUBJECT: HERNANDO ANESTHESIA ASSOCIATES PA
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$70.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: A. HUSSAM ARMASHI, M.D.
Name (printed or typed)
14361 HUNTS CLUB LANE
Address
BROOKSVILLE FL 34609
City, State & Zip
352-848-0406
Daytime Telephone number

FILED
96 JUN 10 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/10/96
TB

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:

HERNANDO ANESTHESIA ASSOCIATES PA

ARTICLE II PRINCIPAL OFFICE

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

14361 HUNTS CLUB LN
BROOKSVILLE FL 34609

ARTICLE III SHARES

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

500 SHARES OF COMMON STOCK HAVING \$1 PAR VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

A. HUSSAM ARMASHI
14361 HUNTS CLUB LN
BROOKSVILLE, FL 34609

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

A. HUSSAM ARMASHI
PRESIDENT

14361 HUNTS CLUB LN
BROOKSVILLE, FL 34609

ARTICLE VI TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE VII NATURE OF BUSINESS

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the UNITED STATES, and the STATE OF FLORIDA or any other state, and more specifically to provide anesthesia services at Hospitals and Doctors.

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

06 day of JUNE, 19 96.

A. Hussam Armashi, MD
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: HERNANDO ANESTHESIA ASSOCIATES PA

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

A. HUSSAM ARMASHI, M.D.

(NAME)

14361 HUNTS CLUB LANE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BROOKSVILLE FL 34609

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.

A. Hussam Armashi, M.D.
(SIGNATURE)

06/06/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

P96000049941

Mall this postcard to businesses and people who send you mail.

Please send mail to new address beginning: 02/12/16
Month Day Year

My Name (Last name, first name, middle initial)
HERNANDO ANESTHESIA ASSOCIATES

OLD Complete Street Address or PO Box or Rural Route and RR Box
14361 HUNTERS CLUB LANE Apt./Suite #
State ZIP or ZIP+4 Code

NEW Complete Street Address or PO Box or Rural Route and RR Box
BROOKSVILLE 14361 State ZIP or ZIP+4 Code

City or Post Office
6314 River Birch Dr. Apt./Suite #
State ZIP or ZIP+4 Code

NEW Complete Street Address or PO Box or Rural Route and RR Box
Spring Hill 14361 State ZIP or ZIP+4 Code

City or Post Office
352-547-3181
NEW Telephone Number (Optional)
P96000049941
Account Number (if applicable)
Signature
Today's Date: Month Day Year

updated LR 10/14
sent R/A info