

P96000063238

TRANSMITTAL LETTER

FILED

96 JUL 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: SAFETY ANESTHESIA OF SOUTH FLORIDA
(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 | \$78.75 ☒ \$122.50 | \$131.25

FROM:

NOEL DE BRITO

Name (printed or typed)

1201 SW 86 AVE.

Address

Pembroke Pines FL 33025

City, State & Zip

(954) 430-6716

Daytime Telephone number

000001900740

-07/22/96--01074--009

***122.50 ***122.50

W96-15418

505

691

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

7-29-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 23, 1996

NOEL DE BRITO
1201 S.W. 86 AVENUE
PEMBROKE PINES, FL 33025

SUBJECT: SAFETY ANESTHESIA OF SOUTH FLORIDA
Ref. Number: W96000015418

We have received your document for SAFETY ANESTHESIA OF SOUTH FLORIDA and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

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) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 996A00035511

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SAFETY ANESTHESIA OF SOUTH FLORIDA, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1201 SW 86 AVE. Pembroke Pines FL 33025

ARTICLE III SHARES

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

1 (one)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

1201 SW 86 AVE. Pembroke Pines FL 33025
NOEL DE BRITO

ARTICLE V INCORPORATOR(S)

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

NOEL DE BRITO
1201 SW 86 AVE.
Pembroke Pines FL 33025

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

Friday 19 day of July, 1996.

Noel de Brito
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 DESIGN-
NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

FILED
JUL 26 PM 2:57
TALLAHASSEE
FLORIDA

1. The name of the corporation is: SAFETY ANESTHESIA OF SOUTH FLORIDA,
Corp.

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

NOEL DE BRITO
(Name)
1201 SW 86 AVE.
(P.O. Box not acceptable)
Pembroke Pines FL 33025.
(City/State/Zip)

*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 perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.*

Noel de Brito 7/19/96
(Signature)