

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 627
Tallahassee, FL 32314

SUBJECT: ADAM'S RIB ANESTHESIA SERVICES Inc.
(Proposed corporate name - must include suffix)

600001982176--2
-10/22/96--01029--017
*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: WILBUR K. SMITH
Name (Printed or typed)
16412 DIAMOND PLACE
Address
WESTON, FL 33331
City, State & Zip
(954) 349-8688
Daytime Telephone number

96 OCT 21 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

ADAM'S RIB ANESTHESIA SERVICES Inc.

ARTICLE II PRINCIPAL OFFICE

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

16412 DIAMOND PLACE

WESTON, FL 33331

ARTICLE III SHARES

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

ONE THOUSAND (1000) COMMON SHARES

ONE DOLLAR (\$1) PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILBUR K. SMITH

16412 DIAMOND PLACE

WESTON, FL 33331

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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):

WILBUR K. SMITH, PRESIDENT 1000 SHARES 100%

16412 DIAMOND PLACE

WESTON, FL 33331

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

17 day of October, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: ADAM'S RIB ANESTHESIA SERVICES Inc.

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

WILBUR K. SMITH, PRESIDENT
(NAME)

16412 DIAMOND PLACE

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

WESTON, FL 33331

(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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

10/17/96
(DATE)

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

FILED
96 OCT 21 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FL 32314