

FLORIDA CORPORATE BUSINESS SERVICE, INC.

Request for Filing

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MIAMI, FLORIDA 33174 (305)552-5973

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700002229897--3

-07/03/97--01052--017

****122.50 ****122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ANESTHESIA CONSULTANTS OF SOUTH FLORIDA
(Corporation Name) (Document #)

2. _____ INC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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97 JUL -3 PM 2:30
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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

97 JUL -3 AM 10:54
DIVISION OF CORPORATION

Examiner's Initials

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 CONSULTANTS OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

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

9500 S.W. 148 STREET
MIAMI, FL 33176

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARMANDO HASSUN, D.O.
4060 WOODRIDGE ROAD
COCONUT GROVE, FL 33133

FILED
97 JUL -3 PM 2:30
SECTION 601.01
FACILITY - 1000 PM

ARTICLE V INCORPORATOR(S)

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

JUAN CARLOS OJEA, M.D.
9500 S.W. 148 ST
MIAMI, FL 33176

ARMANDO HASSUN, D.O.
4060 WOODRIDGE ROAD
COCONUT GROVE, FL 33133


ARTICLE VI DIRECTOR(S)

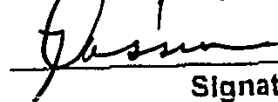
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JUAN CARLOS OJEA, M.D.
9500 S.W. 148 ST
MIAMI, FL 33176

ARMANDO HASSUN, D.O.
4060 WOODRIDGE
COCONUT GROVE, FL 33133

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1 ST day of JULY, 1997.

 JUAN CARLOS OJEA, M.D.
Signature

 ARMANDO HASSUN, D.O.
Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of sections 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 CONSULTANTS OF SOUTH FLORIDA INC.
2. The name and address of the registered agent and office is:
ARMANDO HASSUN, D.O.
(NAME)
9500 S.W. 148 STREET
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FLORIDA 33176
(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 _____

DATE 07/01/97


97 JUL -3 PM 2:31
FILED
STATE
OFFICE
OF
CLERK
OF
STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$36.00