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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Atlantic Anesthesia And Pain  
Consultants P.A

100002825331  
-03/31/99-01062-015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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R. Purinton MAR 31 1999

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ARTICLES OF INCORPORATION  
OF  
ATLANTIC ANESTHESIA AND PAIN CONSULTANTS, P.A.  
A PROFESSIONAL SERVICE CORPORATION

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The undersigned, duly licensed to practice dentistry in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, does hereby adopt the following Articles of Incorporation.

ARTICLE I  
NAME

The name of the Corporation shall be ATLANTIC ANESTHESIA AND PAIN CONSULTANTS, P.A.

ARTICLE II  
COMMENCEMENT OF CORPORATE EXISTENCE

The Corporation shall commence its existence as of the date of filing of these Articles.

ARTICLE III  
PRINCIPAL OFFICE

The principal office of the corporation shall be at 1645 Dunlawton Avenue, #1614, Port Orange, FL 32127-7922.

ARTICLE IV  
REGISTERED AGENT

The name and address of the Corporation's registered agent is Marshall H. Barkin, Attorney, 149-P South Ridgewood Avenue, Suite 710, Daytona Beach, FL 32115.

ARTICLE V  
PURPOSE

The purpose for which the Corporation is organized shall be to engage in the practice of medicine within the State of Florida, and

to take all actions that are necessary or proper in connection with that practice.

**ARTICLE VI  
DURATION**

The term of existence of the Corporation is perpetual.

**ARTICLE VII  
PROFESSIONAL SERVICES**

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice medicine within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of medical practice.

**ARTICLE VIII  
INCORPORATOR**

The name and post office address of the incorporator is:

Mahendar Sanapati, M.D.  
1645 Dunlawton Avenue, #1614  
Port Orange, FL 32127-7922

**ARTICLE IX  
DIRECTORS**

The Board of Directors shall consist of not less nor more than three (3) members as determined in the By-Laws of the Corporation. The initial Board of Directors shall consist of one member whose name and address is as follows:

Mahendar Sanapati, M.D.  
1645 Dunlawton Avenue, #1614  
Port Orange, FL 32127-7922

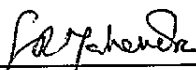
**ARTICLE X  
CAPITAL STOCK**

The number of shares of stock that the Corporation is authorized to have outstanding is 100, all of which shall be common shares with par value of \$1.00 per share.

**ARTICLE XI  
AMENDMENT OF ARTICLES**

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on the 5<sup>th</sup> day of March, 1999.

  
\_\_\_\_\_  
Mahendra Sanapati, M.D., Incorporator


CERTIFICATE OF DESIGNATION

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.

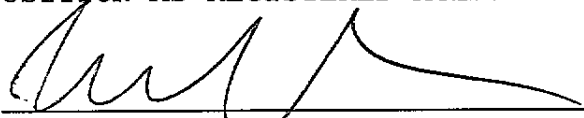
1. The name of the corporation is: **MARSHALL H. BARKIN, ATTORNEY**
2. The name and address of the registered agent and office is:

MARSHALL H. BARKIN, ATTORNEY  
149-P S. RIDGEWOOD AVENUE, STE 710  
DAYTONA BEACH FL 32114

  
\_\_\_\_\_  
Marshall H. Barkin

Date: March 17, 1999

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.

  
\_\_\_\_\_  
Marshall H. Barkin

Date: March 17, 1999

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