

P99000096175

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

FILED  
99 NOV - 1 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: AAA ANESTHESIA SERVICES, PA

200003016592--0  
-10/18/99--01068--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed please find an original of the articles of incorporation for the above corporation and check in the amount of \$70.00.

FROM: KATHERINE MARTIN  
5173 ATLANTIC VIEW  
ST. AUGUSTINE, FL. 32084

R. VARNADORE NOV 01 1999

No Copy  
W99-24269



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 21, 1999

KATHERIN MARTIN  
5173 ATLANTIC VIEW  
ST AUGUSTINE, FL 32084

SUBJECT: AAA ANESTHESIA SERVICES, PA  
Ref. Number: W99000024269

We have received your document for AAA ANESTHESIA SERVICES, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of 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 (850) 487-6923.

RoseAnn Varnadore  
Corporate Specialist Supervisor

Letter Number: 299A00050716

FILED  
99 NOV - 1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
AAA ANESTHESIA SERVICES, PA

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:

AAA ANESTHESIA SERVICES, PA

ARTICLE I-A NATURE OF BUSINESS

INCORPORATION IS A "NURSE ANESTHETIST" licensed by the state of Florida, and provides ANESTHESIA services to physicians in Northeast Florida.

ARTICLE II PRINCIPAL OFFICE

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

5173 ATLANTIC VIEW  
ST AUGUSTINE, FL. 32084

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

KATHERINE MARTIN  
5173 ATLANTIC VIEW  
ST AUGUSTINE, FL. 32084

ARTICLE V INCORPORATOR(S)

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

KATHERINE MARTIN  
5173 ATLANTIC VIEW  
ST AUGUSTINE, FL. 32084

The undersigned has(have) executed these Articles of Incorporation this  
11 day of OCTOBER, 1999

Katherine Martin, President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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:  
AAA ANESTHESIA SERVICES, PA
2. The name and address of the registered agent and office is:  
KATHERINE MARTIN  
5173 ATLANTIC VIEW  
ST AUGUSTINE, FL. 32084

SIGNATURE Katherine Martin, President

DATE 10/11/99

FILED  
99 NOV - 1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION OF 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 Patricia Mark

DATE 10/11/99