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FILED
01 MAR 29 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 093146 7137621
AUTHORIZATION : *Patricia Pignata*
COST LIMIT : \$ 70.00

ORDER DATE : March 27, 2001
ORDER TIME : 12:26 PM
ORDER NO. : 093146-005
CUSTOMER NO: 7137621

5

CUSTOMER: Mark J. Unterberger, Esq
Lurie & Unterberger, Ltd.
Suite 2040
30 North Lasalle Street
Chicago, IL 60602

200003929852--4

FOREIGN FILINGS

NAME: MIDWEST SURGICAL ASSISTANTS
MID AMERICA REGION, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 29 PM 1:14
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

3/29

TRANSMITTAL LETTER

FILED
01 APR 29 PM 3:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

TO: Registration Section
Division of Corporations

SUBJECT: Midwest Surgical Assistants Mid America Region, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark J. Unterberger
(Name of Person)

Lurie & Unterberger, Ltd.
(Firm/Company)

30 North LaSalle Street, Suite 2040
(Address)

Chicago, Illinois 60602
(City/State and Zip code)

For further information concerning this matter, please call:

Mark J. Unterberger at (312) 236-3380
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

1. Midwest Surgical Assistants Mid America Region, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Tennessee 3. 36-4153188
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 28, 1997 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 33 South Roselle Road, Suite 202, Schaumburg, Illinois 60193
(Principal office address)

33 South Roselle Road, Suite 202, Schaumburg, Illinois 60193
(Current mailing address)

8. The transaction of any and lawful business.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
Lavinia Medina
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Keith A. Sei

Address: 33 South Roselle Road, Suite 202, Schaumburg, Illinois 60193

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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ILLINOIS

B. OFFICERS

President: Keith A. Sei

Address: 33 South Roselle Road, Suite 202, Schaumburg, Illinois 60193

Vice President: _____

Address: _____

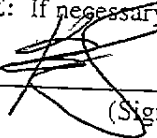
Secretary: Keith A. Sei

Address: 33 South Roselle Road, Suite 202, Schaumburg, Illinois 60193

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
Keith A. Sei, President
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/27/2001
REQUEST NUMBER: 01086616
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/28/1997
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0329720
JURISDICTION: TENNESSEE

01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 29 PM 3:04
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TO:
CFS
8161 HWY 100
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HWY 100
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"MIDWEST SURGICAL ASSISTANTS MID AMERICA REGION, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/27/01

FROM:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$220.00 \$0.00
TOTAL PAYMENT RECEIVED: \$220.00

RECEIPT NUMBER: 00002840348
ACCOUNT NUMBER: 00101230



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE