

Division of Corporations Page 1 of 1

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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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To: Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
 U.S. ANESTHESIA PARTNERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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*JH*  
 4/3/13

4/2/2013

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** U.S. Anesthesia Partners, 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," or "Certificate of Good Standing" 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:

Brad Wear

Name of Person

U.S. Anesthesia Partners, Inc.

Firm/Company

500 East Broward Blvd., Suite 1710

Address

Ft. Lauderdale, FL 33394

City/State and Zip code

Brad.Wear@USAP.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Wear

Name of Person

at ( 615 ) 429-7209

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

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**DIVISION OF CORPORATIONS**  
**13 APR -2 PM 1:44**

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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

1. U.S. Anesthesia Partners, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
 "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- 
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-0872971  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 13, 2012 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 17, 2013  
(Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 500 East Broward Blvd., Ste. 1710, Ft. Lauderdale, FL 33394  
(Principal office address)
- 500 East Broward Blvd., Ste. 1710, Ft. Lauderdale, FL 33394  
(Current mailing address)

8. Holding Company  
(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S. Pine Island Rd  
Plantation, Florida 33325  
(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.*

James M. Halpin  
 Assistant Secretary  
(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.

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

A. DIRECTORS

Chairman: Please see attached for list of directors

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Please see attached for list of officers

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

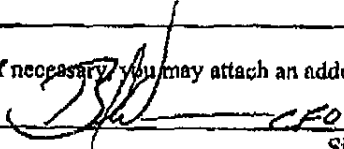
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.  CEO

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. BRAD KEAR CEO

(Typed or printed name and capacity of person signing application)

**U.S. Anesthesia Partners, Inc.**

Application by Foreign Corporation for Authorization to Transact Business in Florida

**12A. DIRECTORS**

Brian Regan  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

David Vandewater  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

Scott Mackesy  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

John Zerwas  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

Kristen Bratberg  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

Ronald Osborn  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

John F. Rizzo  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

Brian Felix  
c/o U.S. Anesthesia Partners, Inc.  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

**12B. OFFICERS**

Kristen Bratberg  
Chief Executive Officer  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

John F. Rizzo  
President and Chief Development Officer  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

Brad Wear  
Chief Financial Officer  
500 East Broward Blvd., Ste. 1710  
Ft. Lauderdale, FL 33394

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. ANESTHESIA PARTNERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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DIVISION OF CORPORATIONS  
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You may verify this Certificate online  
at [corp.delaware.gov/authVer.shtml](http://corp.delaware.gov/authVer.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0326372

DATE: 04-01-13