P99000071854

CAPITAL CONNECTION, INC.

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

Ambulatory Anesthesia Affiliation Corp

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-08/11/99--01082--008
*****78.75 *****78.75

- ✓ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ✓ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

99 AUG 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Signature

T BROWN AUG 12 1999

Requested by: LS 8/11/99 12:13

Name Date Time

Walk-In _____ Will Pick Up _____

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 11, 1999

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE, FL 32302

SUBJECT: AMBULATORY ANESTHESIA AFFILIATION CORP.
Ref. Number: W99000018633

We have received your document for AMBULATORY ANESTHESIA AFFILIATION CORP. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent signature must be an original signature.

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) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 899A00040639

corrected

RECEIVED
99 AUG 13 AM 8:33

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

OF

AMBULATORY ANESTHESIA AFFILIATION CORP.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **AMBULATORY ANESTHESIA AFFILIATION CORP.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **7918 Shenandoah Lane, Parkland, FL 33067.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten (10) shares having a par value of ($10.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Steven E. Cohen, 800 NW 62nd Street, Suite 200, Fort Lauderdale, FL 33309.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is

Alan S. Lefkin, Vice President
7918 Shenandoah Lane, Parkland, FL 33067.

The undersigned has executed these Articles of Incorporation this 11th day of August, 1999.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Strong

FILED
99 AUG 12 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Ambulatory Anesthesia Affiliation Corp.

2. The name and street address of the registered agent and office is: Steven E. Cohen
800 NW 62nd Street, Suite 200
Fort Lauderdale, FL 33309

HAVE 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.

Steven E Cohen