TO:

Qualification/Tax Lien Section

Division of Corporations

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:

Va 22109 (City/State/Zip)

Should you need to call someone concerning this matter, please call:

at (703) 361-9731 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines Ŝt Tallabassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

incorporated.

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. A L C A Surgery Center (Name of corporation: must include the word "INCOR words or abbreviations of like import in language as we natural person or partnership if not so contained in the	VIII Clearly indicate that if it a a compression in	TION" or a stead of a
2. <u>Virginia</u> (State of country under the law of which it is incorporated)	٨	(6.7)
4. June 28, 1996 (Date of Incorporation)	5. perpetual (Duration: Year corp. will cease to	PH 2: 18 CENTRALE CENTRALE
6. August. 1, 1998 (Date first transacted business in Florida. (SEE SEC		
7. 7960 Donegan Dr.	Suite 200	
Mangssas, Va. 2 (Current ma		
8. Management of Surger (Purpose(s) of corporation authorized in home state of	ry Center recountry to be carried out in the state of Fi	orida)
9. Name and street address of Florida registere acceptable)	ed agent: (P.O. Box or Mail Drop B	Box <u>NOT</u>
Name: Mark Van Flo	eet	
Office Address: 801 N.		
	, Florida , <u>327</u> (Zip Co	<u>'20-3</u> 286 ode)
10. Registered agent's acceptance:		
Having been named as registered agent and to corporation at the place designated in this all registered agent and agree to act in this capacity all statutes relative to the proper and complete p and accept the obligations of my position as registered agent.	pplication, I hereby accept the application, I hereby accept the application. I further agree to comply with the performance of my duties, and I ampleted agent.	ppointment as provisions of
11. Attached is a certificate of existence duly auti- delivery of this application to the Department official having custody of corporate records in	of State, by the Secretary of State or	other

NO.	f acceptable)
A. DIR	ECTORS (Street address only- P. O . Box NOT acceptable)
Chairman	: Jerry W. Leonard
Address:	230 D Industrial Dr.
	Fredericksburg, Va. 22408
Vice Chai	rman:
Address:	
	>2
Director:	ASS.
Address:	
Address:	F1 (2)
Director:	
Address:	
-	
B. OFFIC	ERS (Street address only- P. O. Box NOT acceptable)
President:	William P. Danielezyk, Jr.
	7960 Donegan Dr. Suite 200
	Manassas, Va. 22109
Vice Presid	- F 63 63 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
Address.	7960 Donegan Dr. Suite 200
_	Manus 50 5, 1/4- 22/09
	Eugene R. Biagi
Address: _	
-	
Treasurer:	Lawrence F. Altaffer III M.O.
Address:	516 Caroline Street
	Fredericks burg, Va. 22401
	h
NOTE: If	necessary, you may attach an addendum to the application listing additional
OIIICOAG AM	The state of the s
13	
(Sign	nature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	Eugene R. Biggi Sceretora
- IT	(Typed or printed name and capacity of person signing application)

Community of the Commun



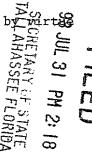
State Corporation Commission

I Certify the Following from the Records of the Commission:

AHCA SURGERY CENTERS, INC. is a corporation existing under and by of the laws of Virginia, and is in good standing.

The date of incorporation is June 28, 1996.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Bate: July 27, 1998

William J. Bridge, Elerk of the Condission