

F98000004379

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

800002604598--1
-07/31/98--01098--001
*****70.00 *****70.00

SUBJECT: AHCA Surgery Centers, 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:

Eugene R Biagi
(Name of Person)

Ambulatory Health Care Corp. of America
(Firm/Company)

7960 Donegan Dr. Suite 200
(Address)

Manassas, Va. 22109
(City/State/Zip)

FILED
98 JUL 31 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LR
7/31

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

Eugene R. Biagi at (703) 361-9731
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

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

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. AHCA Surgery Centers, 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. Virginia
(State or country under the law of which it is incorporated)
3. 54-1894639
(FEI number, if applicable)
4. June 28, 1996
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist "perpetual")
6. August 1, 1998
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7960 Dongan Dr. Suite 200
Manassas, Va. 20109
(Current mailing address)
8. Management of Surgery Center
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Mark Van Fleet

Office Address: 801 N. Stone Street

De Land, FL, Florida, 32720-3286
(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.

Mark Van Fleet
(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.

FILED
 98 JUL 31 PM 2:18
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. **DIRECTORS** (Street address only- P. O. Box **NOT** acceptable)

Chairman: Jerry W. Leonard

Address: 230 D Industrial Dr.
Fredericksburg, Va. 22408

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 JUL 31 PM 2:18

FILED

B. **OFFICERS** (Street address only- P. O. Box **NOT** acceptable)

President: William P. Danieleczyk, Jr.

Address: 7960 Donegan Dr. Suite 200
Manassas, Va. 22109

Vice President: Eugene R. Biagi

Address: 7960 Donegan Dr. Suite 200
Manassas, Va. 22109

Secretary: Eugene R. Biagi

Address: _____

Treasurer: Lawrence F. Altaffer III M.D.

Address: 516 Caroline Street
Fredericksburg, Va. 22401

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. Eugene R. Biagi, Secretary

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

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

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

The date of incorporation is June 28, 1996.

Nothing more is hereby certified.

FILED
98 JUL 31 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

William J. Bridge

William J. Bridge, Clerk of the Commission