

P02000023393
Byron Turnoff
40 N.E. 2nd Avenue
Deerfield, Florida 33441

~~November~~, 2001
JANUARY 3, 2002

FEDERAL EXPRESS

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

300004756523--6
-01/07/02--01080--001
*****70.00 *****70.00

Re: Boca Raton Ambulatory Anesthesia Services, P.A.

Dear Sir or Madam:

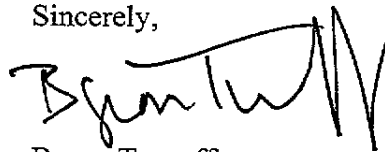
Enclosed for filing are Articles of Incorporation for Boca Raton Ambulatory Anesthesia Services, P.A., along with my check in the amount of \$70.00 to cover the fees for filing same.

Once the enclosed articles have been filed, please forward your receipt and evidence of this filing to the undersigned in the enclosed stamped, self-addressed envelope.

If you have any questions or need anything further in order to process this filing, please give me a call at (954) 426-8840.

With best regards, I am

Sincerely,



Byron Turnoff
Incorporator

Enclosures
10772453.02

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CLERK OF STATE
DIVISION OF CORPORATIONS
02 MAR -4 AM 9:43

3-4-02
~~100%~~
WCC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 14, 2002

BYRON TURNOFF
40 NE 2ND AVE.
DEERFIELD BCH, FL 33441

954-426-8840

SUBJECT: BOCA RATON AMBULATORY ANESTHESIA SERVICES, P.A.
Ref. Number: W02000001065

We have received your document for BOCA RATON AMBULATORY ANESTHESIA SERVICES, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The specific nature of business of the professional association must be stated in the document.

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 902A00001830

AFFIDAVIT

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BE IT ACKNOWLEDGED, that Steven Milstein, M.D., President
of Boca Raton Ambulatory Anesthesia Services, LLC the undersigned
deponent, being of legal age, does hereby depose and say under oath as follows:

Boca Raton Ambulatory Anesthesia Services, LLC and Boca Raton
Ambulatory Anesthesia Services, PA is owned by the same individuals.
IT IS THE DESIRE OF THE INDIVIDUAL OWNERS TO USE THE NAME BOCA RATON
AMBULATORY ANESTHESIA SERVICES, PA AND NOT THE SAME NAME WITH LLC.

And I affirm that the foregoing is true except as to statements made upon information
and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 18 day of JANUARY 2002.

Steven Milstein M.D.

Name Steven Milstein, M.D.

c/o Boca Raton Community Hospital
800 Meadows Road

Address

Boca Raton, FL 33486

STATE OF
COUNTY OF

} BROWARD

On 1-29-2002 before me, STEVE MILSTEIN, M.D., personally appeared
AT 40 N.E. 2ND AVE - DEERFIELD BEACH - FL., personally known to me (or
proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Marianela Rodriguez
MARIANELA RODRIGUEZ

Affiant Known Unknown
ID Produced Driver's License
(Seal)



**ARTICLES OF INCORPORATION
OF
BOCA RATON AMBULATORY ANESTHESIA SERVICES, P.A.**

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The undersigned, desiring to form a stock corporation under the provisions of Chapters 607 and 621 of the Florida Statutes, as amended, sets forth the following:

ARTICLE I

NAME

The name of the corporation shall be: Boca Raton Ambulatory Anesthesia Services, P.A.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business of the corporation shall be 40 N.E. 2nd Avenue, Deerfield, Florida 33441.

ARTICLE III

PURPOSES

The Corporation shall have all the powers conferred upon corporations by Chapters 607 and 621 of the Florida Statutes and, therefore, the Corporation shall have the power to transact any business not prohibited by law or required to be stated herein.

ARTICLE IV

AUTHORIZED CAPITAL

The aggregate number of shares which the Corporation shall have authority to issue is 1,000 shares of common stock without par value.

ARTICLE V

DIRECTORS

The total number of directors shall not be less than one (1). The number of directors constituting the initial Board of Directors shall be ONE (1), and the name and address of the individuals to serve as the initial director are as follows:

Steven R. Milstein, M.D.

40 NE 2nd Ave
Deerfield Beach, FL 33441

ARTICLE VI

REGISTERED OFFICE

The initial registered office of the Corporation shall be located in the County of Palm Beach, Florida and the post office address of the initial registered office of the Corporation is 40 N.E. 2nd Avenue, Deerfield, Florida 33441.

ARTICLE VI

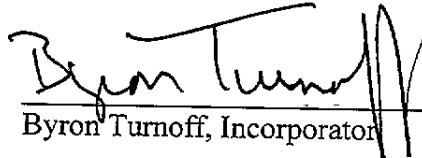
REGISTERED AGENT

The name of the Corporation's initial registered agent is Steven R. Milstein, M.D., who is a resident of Florida and a director of the Corporation, and whose business address is the same as the address of the initial registered office of the Corporation.

ARTICLE VII

INCORPORATOR

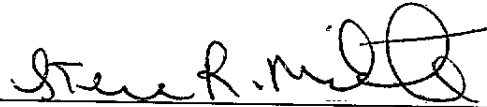
The name and address of the Incorporator is Mr. Byron Turnoff, whose address is the same as the address of the initial registered office of the Corporation.


Byron Turnoff, Incorporator

Acceptance of Appointment of Registered Agent

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Having been named as registered agent and to accept service of process for the above named corporation at the place designated in these Articles of Incorporation, I hereby accept the appointment as registered agent pursuant to Section 607.0501(3) of the Florida Business Corporation Act 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 R. Milstein, M.D.

Date: 12/03/12

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