

F030000 04499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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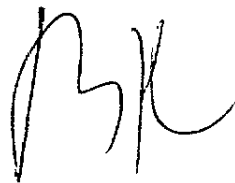


100022244251

09/08/03--01080--008 **70.00

09/08/03--01080--009 **4600.00

RECEIVED
03 SEP -8 PM 1: 09
DIVISION OF CORPORATION



FILED
03 SEP -8 PM 3: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

03 SEP -8 PM 3:36
FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CONTACT: Tricia Tadlock
DATE: 9.8.03
REF. #: 001015.19221
CORP. NAME: American Endoscopy
Services, Inc.

- | | | |
|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 36628 4600.00 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

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.

FILED
SEP 8 PM 3:38
TALLAHASSEE, FLORIDA

1. American Endoscopy Services, 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. Tennessee 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/17/1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 5/21/1999
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215
(Principal office address)
30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215
(Current mailing address)
8. Outsource endoscopy services to hospital operating rooms
(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 or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301
(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.
NRAI Services, Inc.

By: Eileen Chaddock
(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.

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

A. DIRECTORS

Chairman: Robert E. Henry

Address: 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215

Vice Chairman: Jeff Bogle

Address: 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215

Director: Joseph Hutts

Address: 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215

Director: _____

Address: _____

B. OFFICERS

President: Robert E. Henry

Address: 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215

Vice President: Cynthia DuVall

Address: 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215

Secretary: Jeff Bogle

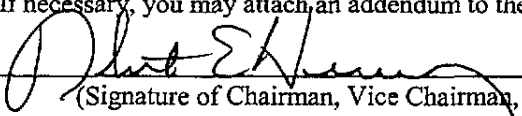
Address: 30 Burton Hills Boulevard, Suite 450, Nashville, TN 37215

Treasurer: _____

Address: _____

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. Robert E. Henry, President and Chief Executive Officer

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

03 SEP -8 PM 3:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/04/2003
REQUEST NUMBER: 03247160
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/17/1995
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0298988
JURISDICTION: TENNESSEE

TO:
DELPHI COMMUNICATIONS, INC.
PO BOX 330397
NASHVILLE, TN 37203

REQUESTED BY:
DELPHI COMMUNICATIONS, INC.
PO BOX 330397
NASHVILLE, TN 37203

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FILED
TALLAHASSEE FLORIDA

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"AMERICAN ENDOSCOPY SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/04/03

FROM:
DELPHI COMMUNICATIONS >PO BOX 330397<
P.O. BOX 330397
NASHVILLE, TN 37203-7503

RECEIVED: FEES \$60.00 \$0.00
TOTAL PAYMENT RECEIVED: \$60.00

RECEIPT NUMBER: 00003353262
ACCOUNT NUMBER: 00005824



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE