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FOREIGN PROFIT/NONPROFIT CORPORATION
Somnia, Inc.

Certificate of Status	0
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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.

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1. Somnia, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 13-4181770

(FEI number, if applicable)

4. June 20, 2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Date of the filing of this application

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 Commerce Drive, New Rochelle, NY 10801

(Principal office address)

10 Commerce Drive, New Rochelle, NY 10801

(Current mailing address)

8. To provide management services for ambulatory surgical centers any other lawful business.

(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 NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 515 East 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.

(Registered agent's signature) Sue Johnson, Asst. Secretary

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: Marc E. Koch

Address: 10 Commerce Drive, New Rochelle, NY 10801

Vice Chairman: Robert C. Goldstein, M.D.

Address: 10 Commerce Drive, New Rochelle, NY 10801

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Marc E. Koch

Address: 10 Commerce Drive, New Rochelle, NY 10801

Vice President: Robert C. Goldstein, M.D.

Address: 10 Commerce Drive, New Rochelle, NY 10801

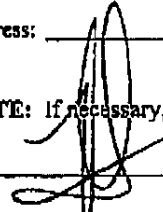
Secretary: Robert C. Goldstein, M.D.

Address: 10 Commerce Drive, New Rochelle, NY 10801

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. Robert C. Goldstein, M.D. _____
(Typed or printed name and capacity of person signing application)

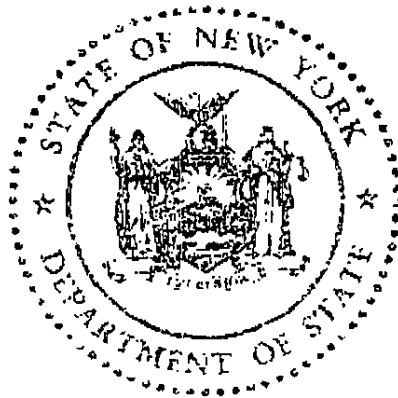
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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of SOMNIA, INC. was filed on 06/20/2001, under the name of K AND G MANAGEMENT, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment K AND G MANAGEMENT, INC., changing its name to SOMNIA, INC., was filed 09/04/2002.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 20th day of July two thousand and eleven.

A handwritten signature in black ink, appearing to read "Neil [unclear]", is written over a faint circular stamp.

First Deputy Secretary of State