Division of Coporations Fig. 1 of 1 Fig. 2 of 1 Fig. 2 of 1 Fig. 2 of 1 Fig. 2 of 1 Fig. 3 of 1 Fig. 3 of 1 Fig. 4 of 1 Fig. 3 of 1 Fig. 4 of 1 Fig. 4

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000737773)))



H130000737773ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address		
-------	---------	--	--

FOREIGN PROFIT/NONPROFIT CORPORATION U.S. ANESTHESIA PARTNERS, INC.

بريان المستحدين والمستحدين والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد	
Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu Corpo

Corporate Filing Menu

KT CORPORATION

Help

4/2/2013

8626336892

97:80 8102/20/0

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: New Filing Secti Division of Corp							
-		ners Inc					
SUBJECT: U.S. Anesthesia Partners, Inc. Name of corporation - must include suffix							
	- Millo de Cospora	11011 11-144 11-1444 441-181					
Dear Sir or Madam:							
"Certificate of Existence,	on by Foreign Corporation " or "Certificate of Good (corporation to transact bu	for Authorization to Transac Standing" and check are sub- siness in Florida.	ot Business in Florida, mitted to register the	Þ			
Please return all correspo	ndeuce concerning this me	atter to the following:					
Brad Wear							
	Name	of Person					
U.S. Anesthes	ia Partners, Inc.						
0.0.7.1.00.1.00		ompany					
500 East Brow	ard Blvd., Suite						
OGO EGGI DION		ddress					
Ft. Lauderdale							
	City/Star	te and Zip code					
Brad.Wear@US							
	E-mail address: (to be us	ed for future annual report n	otification)				
For further information o	oncerning this matter, plea	se call:					
Brad Wear	a _{.t.} 615	429-7209		_	910		
Name of Person	Ar	es Code & Daythne Telepho	ne Number	13 APR	VISION VISION		
STREET/COUR New Filing Section Division of Corporation Building Clifton Building 2661 Executive Control Tallahassec, FL	orations Center Circle 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Pl	ction rporations	R-2 PM 1: 44	ETARY OF STATE H OF CORPORATIONS		
	578.75 Filing Fee & Certificate of Status	Cartified Copy	S87.50 Filing Fee Certificate of Sta Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaile	ible in Florida, enter alternate corporate nac	ne adopted for the purpose of transacting business in Florida)	_
Delaware	· ·	_{3.} 46-0872971	_
State or country	under the law of which it is incorporated)	(PEI number, if applicable)	_
August 1	3, 2012	_{5.} Perpetual	-
•	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
January			_
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
500 East	• • • • • • • • • • • • • • • • • • •	0, Ft. Lauderdale, FL 33394	
	(Principal office a	(ddress)	
500 East	Broward Blvd., Ste. 1710,	Ft. Lauderdale, FL 33394	_
	(Current mailing a	ddress)	
Holding	Company	·	3 AP
		country to be carried out in state of Florida)	-20
Name and stree	t address of Florida registered agent: (P.O. Box <u>NOT acceptable</u>)	2
Name:	CT Corporation System		PH
fice Address:	1200 S. Pine Island Ro	1	44:1
	Plantation	Florida 33325	-
	(City)	(Zip code)	

10. Registered agent's acceptance:

U.S. Anesthesia Partners, Inc.

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.

James M. Halpin

Assistant Secretary

Obegistered 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	13 APR -2 PM 1: 44
Chairman: Please see attached for list of directors	
·— · · · · · · · · · · · · · · · · · ·	
Address:	
Vice Chairman:	
Address:	
Director;	
Address:	
Director:	
	•
Address:	
`	
B. OFFICERS	
President: Please see attached for list of officers	
,	
Address:	
Vice President;	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing	g additional officers and/or directors.
13	
Signature of Director or Officer The officer or director signing this document (and who is listed in number	: 12 above) affirms that the firsts stated have:
are true and that he or she is aware that false information submitted in a do-	cument to the Department of State constitutes
a third degree felony as provided for in 5.817.155, P.S.	_
14. BRAD WEAR CEO	
(Typed or printed name and capacity of person sign	pinα application)

U.S. Anesthesia Partners, Inc.

Application by Foreign Corporation for Authorization to Transact Business in Florida

12A. DIRECTORS

Brian Regan c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

Scott Mackesy c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Stc. 1710 Ft. Lauderdale, FL 33394

Kristen Bratherg c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

John F. Rizzo c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

12B. OFFICERS

Kristen Bratberg Chief Executive Officer 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

John F. Rizzo
President and Chief Development Officer
500 East Broward Blvd., Ste. 1710
Pt. Lauderdale, FL 33394

Brad Wear Chief Financial Officer 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394 David Vandewater c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

John Zerwas c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Stc. 1710 Ft. Lauderdalo, FL 33394

Ronald Osborn c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

Brian Felix c/o U.S. Anesthesia Partners, Inc. 500 East Broward Blvd., Ste. 1710 Ft. Lauderdale, FL 33394

13 APR -2 PM 1: 1.1

Z609EE9998 9Z:80 EI0Z/Z0/b0

CT CORPORATION

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. ANESTHESIA PARTNERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE
SIVISION OF CORPORATIONS

13 APR -2 PH 1: 44

5197466 8300

130383761

You may varify this cortificate online at corp. delevate, gov/suthvar. shtml

AUTHENTY CATION: 0326372

DATE: 04-01-13

04/05/5013 08:52 8666336092