

P000000 71549

Requester's Name
JASCH UGER
LAW OFFICES
RUMBERGER, KIRK & CALDWELL
PROFESSIONAL ASSOCIATION
Post Office Box 10507
Tallahassee, Florida 32302-2507

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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-07/24/00--01113--012
*****70.00 *****70.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

F. CHESNEY JUL 2 7 2000

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
ALLIED SURGICAL CENTERS, INC.**

I, the undersigned, for the purposes of incorporating and organizing a corporation under the General Corporation law of the State of Florida, do hereby certify as follows:

FIRST: The name of the Corporation is "Allied Surgical Centers, Inc."

SECOND: The address of the Corporation's registered office in the State of Florida is 301 South Bronough Street, Suite 600, Tallahassee, Florida 32301. The name of its registered agent at such address is Jason L. Unger.

THIRD: This Corporation may engage in any activity or business permitted under the laws of the State of Florida. The purpose of this Corporation is to provide ambulatory surgical center services.

FOURTH: The total number of shares which the Corporation shall have authority to issue is 1000 shares of Common Stock, par value \$0.01 per share.

FIFTH: the name and mailing address of the Corporation is as follows:

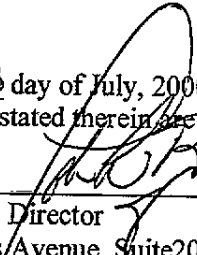
<u>Name</u>	<u>Mailing Address</u>
Allied Surgical Centers, Inc.	150 South Andrews Avenue, Suite 201 Pompano Beach, Florida 33069

SIXTH: The Board of Directors is expressly authorized to adopt, amend, or repeal the By-Laws of the Corporation upon the conditions set forth in the By-Laws.

SEVENTH: Elections of directors need not be by written ballot unless the By-Laws of the Corporation shall otherwise provide.

EIGHTH: The initial Directors of the Corporation shall be Robert Bernstein and John W. Beebe.

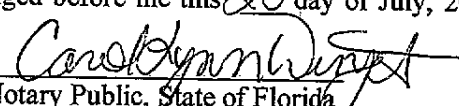
IN WITNESS WHEREOF, I have hereunto set my hand this 20 day of July, 2000 and I affirm that the foregoing certificate is my act and deed and that the facts stated therein are true.



John W. Beebe, Director
150 S. Andrews Avenue, Suite 201
Pompano Beach, FL 33069

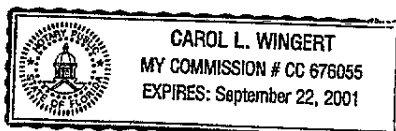
STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 20th day of July, 2000, by John W. Beebe, who is personally known to me.



Notary Public, State of Florida

My commission expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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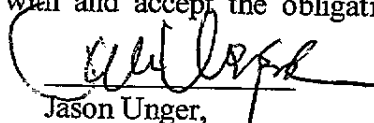
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITH THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with §607.34, Florida Statutes, the following is submitted:

That Allied Surgical Centers, Inc., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, in the City of Pompano Beach, County of Broward, State of Florida, has named Jason Unger, whose street address is located at 301 South Bronough Street, Tallahassee, County of Leon, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 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.


Jason Unger,
Registered Agent

Date: July 17, 2000

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TALLAHASSEE, FLORIDA