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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Quality Anesthesia Services, Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM:

Diane Swallows

Name

1045 Kingway Lane

Address

Tarpon Springs, Fl., 34689-7653

City, State, & Zip

( 727 ) 939-9607

Telephone Number

FILED  
2000 SEP 13 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Note: Additional copy of articles is needed only when certified copy is requested.

W-21801  
BC  
9/13

FILED

**ARTICLES OF INCORPORATION**

2000 SEP 13 AM 10:31

**OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Quality Anesthesia Services, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

Quality Anesthesia Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1045 Kingway Lane  
Tarpon Springs, FL., 34689-7653

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares @ \$1.00 per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Diane Swallows  
1045 Kingway Lane  
Tarpon Springs, FL., 34689-7653

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Diane Swallows - PRES.  
1045 Kingway Lane  
Tarpon Springs, FL., 34689-7653

Viki Coyne - VICE PRES.  
6804 Coronet Drive  
New Port Richey, FL., 34655

**ARTICLE VI NATURE OF BUSINESS**

The nature of business of the Professional Association shall be:  
Provider of Anesthesia Services.  
This filing is in accordance with Florida Statutes, Chapter 621.

The undersigned has(have) executed these Articles of Incorporation this

29th day of August, ~~19~~ 2000.

x Diane Swallows, President  
Signature/Title

x Viki Coyne vice president  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Quality Anesthesia Services, Inc.

2. The name and address of the registered agent and office is:

Diane Swallows

(NAME)

1045 Kingsway Lane

(P.O. BOX NOT ACCEPTABLE)

Tarpon Springs, FL., 34689-7653

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE x Diane Swallows

(corporate officer)

TITLE

President

DATE

Aug. 29, 00

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.

SIGNATURE Diane Swallows

DATE

Aug. 29, 00

REGISTERED AGENT FILING FEE: \$35.00