PO TRINSMETTALETTER 3166

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

BY HAND DELIVERY

SUBJECT: Destin Surgical Management, Inc.

<u>and</u>

Destin Surgery Center, Ltd.

OTFEB-5 PH 3: 48
SECRETARY SE STATE
TALL AHASSEE FI OR HA

Enclosed please find the following documents for filing:

An original and one (1) copy of the Articles of Incorporation for Destin Surgical Management, Inc.

and

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An original and one (1) copy of the Certificate of Limited Partnership for Destin Surgery, Ltd.

along with check for:

\$140.00 for the filing fees for these documents.

FROM:

HAYWARD & GRANT, P.A.

3375 Capital Circle N.E. Building H, Suite 4

Tallahassee, Florida 32308

(850) 386-4400

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WEPARIMENT OF STATE

DIVISION OF CCRPORATIONS

TALL ANASSEE, FLORIDA

T.SMITH FEB 05 2001

Articles of Incorporation of

DESTIN SURGICAL MANAGEMENT, INC.,

a Florida Corporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I - Name

The name of the corporation shall be:

DESTIN SURGICAL MANAGEMENT, INC.

Article II - Principal Office

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

151 Regions Way Suite D, Building 1 Destin, Florida 32541

Article III - Shares

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

One thousand (1,000).

Article IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:

William R. Burden 151 Regions Way Suite D, Building 1 Destin, Florida 32541

Article V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are:

William R. Burden 151 Regions Way Suite D, Building 1 Destin, Florida 32541

William R/Burden - Incorporator

January 31, 201

Date

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.

William R. Burden - Registered Agent

January 31, 2001

Date

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RECORFIGURE TO STATE