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Florida Department of State
Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.

Sarasota Cath Lab, Inc.

Certificate of Status	1
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**ARTICLES OF INCORPORATION
OF
SARASOTA CATH LAB, INC.**

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I

NAME AND ADDRESS: The name of the corporation is SARASOTA CATH LAB, INC., and its mailing address is 1540 South Tamiami Trail, Sarasota, Florida 34239.

ARTICLE II

DURATION: The corporation shall exist perpetually.

ARTICLE III

PURPOSE: The corporation is organized for the purposes of transacting any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV

CAPITAL STOCK: The corporation is authorized to issue 10,000 shares of stock having a par value of \$.10 per share, all of which shall be common shares.

ARTICLE V

REGISTERED OFFICE AND AGENT: The street address of the initial registered office of the corporation is 1540 South Tamiami Trail, Sarasota, Florida 34239, and the name of the initial registered agent of the corporation at that address is Michael Basnight, M.D.

ARTICLE VI

INCORPORATOR: The name and address of the person signing these Articles as incorporator is:

Name

Michael Basnight, M.D.

Address

1540 South Tamiami Trail
Sarasota, FL 34239

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ARTICLE VII

CORPORATE EXISTENCE: This corporation shall commence its existence at the time of filing of these Articles of Incorporation with the Department of State, Division of Corporations, State of Florida.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Incorporation at Sarasota, Florida, this 10th day of May, 2001.


MICHAEL BASNIGHT, M.D.

STATE OF FLORIDA

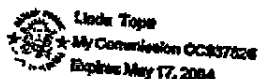
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 10th day of May, 2001, by Michael Basnight, M.D., who is personally known to me or who produced _____ as identification and who did (did not) take an oath.


Signature of Notary Public

LINDA TOPE
Typed Name of Notary Public

My Commission Expires:



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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: SARASOTA CATH LAB, INC.
2. The name and address of the registered agent and office is:

Michael Basnight, M.D.
1540 South Tamiami Trail
Sarasota, Florida 34239

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.



Michael Basnight, M.D.

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