

REFERENCE :

440777

7187578

AUTHORIZATION •

COST LIMIT

ORDER DATE :

August 23, 2001

ORDER TIME :

10:22 AM

ORDER NO. :

440777-005

CUSTOMER NO:

7187578

CUSTOMER:

Cynthia A. Mikos, Esq

Cynthia A. Mikos, P.a.

400004551954-

205 N. Parsons Avenue

Brandon, FL

DOMESTIC FILING

ST. PETERSBURG ENDOSCOPY AND

SURGERY CENTER, INC.

EFFECTIVE DATE:

XXARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

FII ED

ARTICLES OF INCORPORATION

01 AUG 23 AM 10: 57

OF

SECRETARY OF STATE

ST. PETERSBURG ENDOSCOPY AND SURGERY CENTAGRAMOSEE, FLORIDA

The undersigned incorporator, for the purposes 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: ST. PETERSBURG ENDOSCOPY AND SURGERY CENTER, INC.

Article II -- Principal Office

The initial principal office and mailing address for the corporation is:

1609 Pasadena Ave. S., Suite 3M St. Petersburg, FL 33707

Article III -- Purpose

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

Article IV -- Shares

The corporation is authorized to issue 10,000 shares of \$0.01 par value common stock.

Article V -- Initial Registered Agent and Street Address

The name and address of the initial registered agent of the corporation is:

Cynthia A. Mikos, Esq. Cynthia A. Mikos, P.A. 205 N. Parsons Ave., Suite A Brandon, FL 33510-4515

Article VI – Incorporator

The name and address of the sole incorporator of the corporation is:

Cynthia A. Mikos, Esq. Cynthia A. Mikos, P.A. 205 N. Parsons Ave., Suite A Brandon, FL 33510-4515

Certificate

Having been named as a 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.

ynthia A Mikos, Esq., as Registered Agent

Date: 02201

OI AUG 23 AM IO: I SECRETARY OF STA ALL AHASSEF, FLOR