

P0200000/3687

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

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02 FEB -6 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Number FCA000000017

Reference:
(Sub Account)

Date:

2/6/02

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x261)

DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB -6 PM 2:02

RECEIVED

Corporation Name:

All Saints Surgery Center, Inc.

Entity Number:

Authorization:

Kim Pullen

400004883984--5

☒ Certified Copy

☐ Judgment Lien

☐ Certificate of Status

☒ New Filings

☒ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☐ Amendments

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

CF Internal Use Only

Client: 46298 Matter: 08745

J. BRYAN FEB 7 2002

TAL#501656.01

**ARTICLES OF INCORPORATION
OF
ALL SAINTS SURGERY CENTER, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following articles of incorporation for such corporation:

ARTICLE I

Name

The name of the corporation is ALL SAINTS SURGERY CENTER, INC.

ARTICLE II

Address

The street address is One Harbour Place, 777 South Harbour Island Boulevard, Tampa, Florida 33602 and the mailing address is Post Office Box 3239, Tampa, Florida 33601-3239.

ARTICLE III

Stock

The corporation shall have authority to issue 10,000 shares of \$1.00 par value common stock.

ARTICLE IV

Initial Registered Agent and Office

The street address of its initial registered office is One Harbour Place, 777 South Harbour Island Boulevard, Tampa, Florida 33602, and the name of its initial registered agent at that address is Michael J. Nolan.

ARTICLE V

Incorporator

The name and address of the incorporator are:

Name

Michael J. Nolan

Address

One Harbour Place
777 South Harbour Island Boulevard
Tampa, Florida 33602

ARTICLE VI
Directors

The names and addresses of the initial Board of Directors are:

<u>Name</u>	<u>Address</u>
Leonard Cacioppo	11377 Cortez Boulevard Spring Hill, Florida 34611
James Jachimowicz	11377 Cortez Boulevard Spring Hill, Florida 34611
Thomas Ward	11377 Cortez Boulevard Spring Hill, Florida 34611
Walter Szydlowski	11377 Cortez Boulevard Spring Hill, Florida 34611
Arthur Flatau, M.D.	11377 Cortez Boulevard Spring Hill, Florida 34611
Michael Gaurino	11377 Cortez Boulevard Spring Hill, Florida 34611

Dated this 5th day of February, 2002.

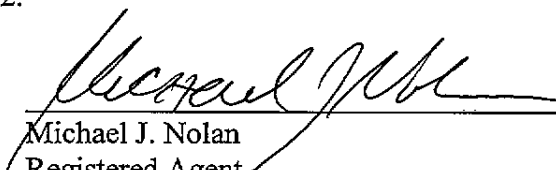


Michael J. Nolan, Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Corporation, at the place designated as the registered office, 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 duties and obligations of my position as registered agent.

Dated this 5th day of February, 2002.


Michael J. Nolan
Registered Agent

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