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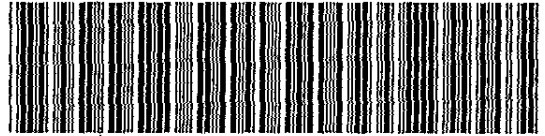
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

3-22-04
WC

TRANSMITTAL LETTER

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

SUBJECT: ALEXIS ANESTHESIA, P.A.
(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: Laura Alexis Brannon
Name
2422 Bent Tree Road #2711
Address
Palm Harbor, FL., 34683
City, State, & Zip
(727) 641-5398
Telephone Number

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

ARTICLES OF INCORPORATION

OF

ALEXIS ANESTHESIA, P.A.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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:

Alexis Anesthesia, P.A.

ARTICLE II PRINCIPAL OFFICE

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

2422 Bent Tree Road #2711
Palm Harbor, FL., 34683

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:

Laura Alexis Brannan
2422 Bent Tree Road #2711
Palm Harbor, FL., 34683

ARTICLE V INCORPORATOR(S)

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

Laura Alexis Brannon
2422 Bent Tree Road #2711
Palm Harbor, FL., 34683

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

8th day of March, 2004.

 President
Signature/Title

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: Alexis Anesthesia, P.A.

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

Laura Alexis Brannon

(NAME)

2422 Bent Tree Road #2711

(P.O. BOX NOT ACCEPTABLE)

Palm Harbor, FL., 34683

(CITY/STATE/ZIP)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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SIGNATURE 

(corporate officer)

TITLE President

DATE 03 08 04

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 

DATE 03 08 04

REGISTERED AGENT FILING FEE: \$35.00