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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

BASILIO GARCIA ANESTILESLIA SERVICES, P.A.

Certificate of Status	0
Certified Copy	1
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 7/22/04

ARTICLES OF INCORPORATION  
OF  
BASILIO GARCIA ANESTHESIA SERVICES, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:  
Basilio Garcia Anesthesia Services, P.A.

The principal place of business of this corporation shall be:  
10985 SW 26<sup>th</sup> St. Miami, FL 33165

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ARTICLE II NATURE OF BUSINESS

To provide medical (anesthesia) and consulting services.

ARTICLE III CAPITAL STOCK

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

1000 shares, common stock, \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Basilio Garcia	President/Director	10985 SW 26 <sup>th</sup> St Miami, FL 33165
Carie Cancio	Vice Pres/Director	10985 SW 26 <sup>th</sup> St Miami, FL 33165

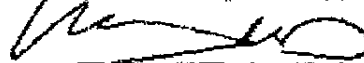
ARTICLE VI INCORPORATORS

The name(s) and street address(s) of the incorporator(s) to this articles of incorporation is (are)

<u>NAME</u>	<u>ADDRESS</u>
Basilio Garcia	10985 SW 26 <sup>th</sup> St Miami, FL 33165

IN WITNESS WHERE OF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20<sup>th</sup> day of July, 2004.

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organizes 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: Basilio Garcia Anesthesia Services, P.A.
- 2. The name and address of the registered agent and office is:  
Sergio de Varona, CPA, 304 Palermo Avenue, Coral Gables, FL 33134

Signature [Handwritten Signature]  
 Title President  
 Date 7/20/04

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 the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

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