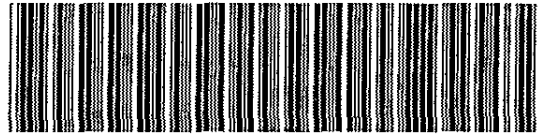


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/5

2006 OCT -5 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: CUTTING ANESTHESIA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID E. CUTTING, M.D.
Name (Printed or typed)

12126 BISHOPSFORD DR.
Address

TAMPA, FLORIDA 33626
City, State & Zip

813-855-6770
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2006 OCT -5 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

CUTTING ANESTHESIA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

12126 BISHOPSFORD DRIVE
TAMPA, FLORIDA 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of providing perioperative and intraoperative medical care.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President. DAVID E. CUTTING, M.D.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

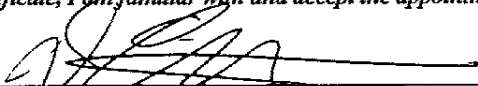
DAVID E. CUTTING, M.D.
12126 BISHOPSFORD DRIVE
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID E. CUTTING, M.D.
12126 BISHOPSFORD DRIVE
TAMPA, FLORIDA 33626

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/2/06

Date



Signature/Incorporator

10/2/06

Date