

Division of Corporations

BLUMBERGEXCELSIOR

Fax: 888-692-3256

SEP 5 2007 15:28

P. 01

H07000216198 3

Attn: Diane

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

INFINITY MEDICAL PA

Certificate of Status	0
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BLUMBERGEXCELSIOR

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August 29, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES

SUBJECT: INFINITY MEDICAL PA
REF: W07000042591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

FAX Aud. #: H07000216198
Letter Number: 707A00051912

ARTICLES OF INCORPORATION

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

H07000216198 3**ARTICLE I NAME**

The name of the corporation shall be:

INFINITY MEDICAL PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13775 Saxon Lake Drive, Jacksonville, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Anesthesiologist

ARTICLE IV SHARES

The number of shares of stock is:

1,000 at no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Betty Worri, President, 13775 Saxon Lake Drive, Jacksonville, FL 32225

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Betty Worri, 13775 Saxon Lake Drive, Jacksonville, FL 32225


ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Betty Worri, 13775 Saxon Lake Drive, Jacksonville, FL 32225

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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

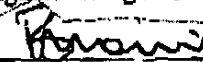


Signature/Registered Agent

Betty Worri

August 20, 2007

Date



Signature/Incorporator

Betty Worri

August 20, 2007

Date