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(City/State/Zip/Phone #)

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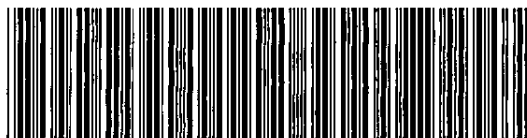
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2009 AUG 26 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Subject: *Anesthesiologist Services by Kennedy, Inc.*

(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 \$122.50.

From: *Kenneth Kennedy*
(Name)

1139 Sunset Lane
(Address)

Gulf Breeze, FL 32563
(City, State & Zip)

(850)-932-1532
(Telephone Number)

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

ARTICLES OF INCORPORATION

Anesthesiologist Services by Kennedy, Inc.

The undersigned incorporator, for the purposed of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Anesthesiologist Services by Kennedy, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

*1139 Sunset Lane
Gulf Breeze, FL 32563*

ARTICLE III - CAPITAL STOCK

The number of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

**ARTICLE IV -
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*Kenneth Kennedy
1139 Sunset Lane
Gulf Breeze, FL 32563*

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

*Kenneth Kennedy
1139 Sunset Lane
Gulf Breeze, FL 32563*

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TALLAHASSEE, FLORIDA

ARTICLE VI - PURPOSE

The purpose for the Corporation/P.A. is:

Anesthesiologist Services

**ARTICLE VII -
OFFICERS OF THE CORPORATION**

The name and title of the officer(s) of this Corporation is(are):

Kenneth Kennedy, President & Vice President

The undersigned has (have) executed these Articles of Incorporation this, August 7, 2009.

Kenneth Kennedy President
(Signature and Title) -

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TALLAHASSEE, FLORIDA

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**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 agent/registered office, in the state of Florida.

- 1.) The name of the Corporation is:

Anesthesiologist Services by Kennedy, Inc.

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

*Kenneth Kennedy
1139 Sunset Lane
Gulf Breeze, FL 32563*

Signature: ☒

(Corporate Officer)

Title: _____

Date: _____

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: _____

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TALLAHASSEE, FLORIDA