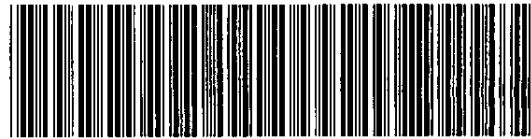
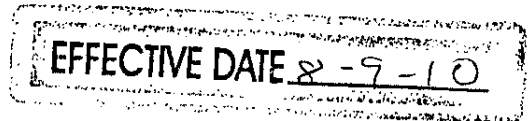


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

PS 8/13/10

**GARLICK, HILFIKER & SWIFT, LLP**  
ATTORNEYS AT LAW

9115 CORSEA DEL FONTANA WAY, SUITE 100  
NAPLES, FLORIDA 34109  
TELEPHONE: (239) 597-7088  
FACSIMILE: (239) 597-6984  
WWW.GARLAW.COM  
E-MAIL: TGARLICK@GARLAW.COM

August 9, 2010

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

Re: Mobile Anesthesiologists of Southwest Florida, Inc.  
Our File No. 2129.001

Dear Sir or Madam:

Enclosed herewith please find an original and one copy of the Articles of Incorporation for the above-referenced entity. Please file the original and return the copy certified to me at your earliest convenience.

Our client's check in the amount of \$78.75 is attached to the filing which represents the required filing fee. If you have any questions or need additional information, please feel free to contact me.

Very truly yours,

Handwritten signature of Thomas B. Garlick in black ink, followed by a circled monogram "JLG".

Thomas B. Garlick

Signed by Mr. Garlick's assistant  
in his absence to avoid delay.

TBG/jpw  
Enclosures

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION

10 AUG 11 PM 12:44

OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOBILE ANESTHESIOLOGISTS OF SOUTHWEST FLORIDA, INC.

The undersigned, for the purposes of forming a corporation under Section 607.0202 of the Florida Business Corporation Act, does hereby certify as follows:

ARTICLE I

EFFECTIVE DATE 8-9-10

Corporate Name and Address

The name of the Corporation is Mobile Anesthesiologists of Southwest Florida, Inc., and the street address of the Corporation is 1007 Tivoli Drive, Naples, Florida 34104.

ARTICLE II

Corporate Purposes

The Corporation is organized to transact any and all lawful business authorized by the Florida Business Corporation Act.

ARTICLE III

Authorized Stock

The aggregate number of shares of the Corporation shall be 10,000, all of which are to be voting common stock having a par value of Fifty Cents (\$.50) per share.

ARTICLE IV

Registered Office and Registered Agent

The street address of the initial registered office of the Corporation in the State of Florida shall be 9115 Corsea del Fontana Way, Suite 100, Naples, Florida 34109. The name of the initial registered agent of the Corporation at the registered office shall be Thomas B. Garlick.

## ARTICLE V

### Initial Board of Directors

The initial Board of Directors of the Corporation shall be comprised of one (1) person. The Directors shall be elected annually, in accordance with the By-laws. The number of Directors may be increased or decreased from time to time in accordance with the By-laws, but shall never be less than one (1). The names and addresses of the initial Directors to hold office until the first annual meeting of the Board of Directors, and until their successors shall have been elected and qualify are as follows:

Steven F. Woodring  
1007 Tivoli Drive  
Naples, Florida 34104

## ARTICLE VI

### Incorporator

The name and address of the Incorporator of the Corporation is:

Steven F. Woodring  
1007 Tivoli Drive  
Naples, Florida 34104

## ARTICLE VII

### Commencement of Existence

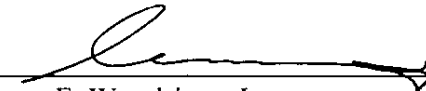
The Corporation shall be deemed to commence on the date of execution of Articles of Incorporation.

## ARTICLE VIII

### Duration

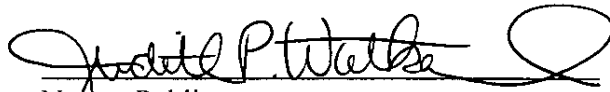
The term of existence of the Corporation is perpetual.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation this 9 day of August, 2010.

  
Steven F. Woodring - Incorporator

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 9 day of August, 2010, by Steven F. Woodring, who is personally known to me or who produced \_\_\_\_\_ as identification.

  
Notary Public

Printed Name



APPROVED  
AND  
FILED  
10 AUG 11 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

ACCEPTANCE OF REGISTERED AGENT

10 AUG 11 PM 12:44

FOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOBILE ANESTHESIOLOGISTS OF SOUTHWEST FLORIDA, INC.

I, Thomas B. Garlick, having signed the within as registered agent of MOBILE ANESTHESIOLOGISTS OF SOUTHWEST FLORIDA, INC., (the "Corporation") at the registered address of 9115 Corsea del Fontana Way, Suite 100, Naples, Florida 34109, do hereby agree as registered agent to accept service of process, to keep an office of the Corporation open during the prescribed hours, and to post my name, and that any officer of the Corporation authorized to accept service of process at the above Florida designated address, in some conspicuous place in the office of the Corporation as required by law.



Thomas B. Garlick  
REGISTERED AGENT