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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA SUNSHINE ANESTHESIA PROVIDERS, P.A.**

Certificate of Status	1
Certified Copy	0
Page Count	02
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Ps 12/30/10



December 30, 2010

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314
Attn: Karon Beyer

Re: Florida Sunshine Anesthesia Providers, P.A.

Dear Ms. Beyer:

Our company submitted Articles of Incorporation for the above-captioned entity on December 29, 2010. We have been told that, although not specifically stated in the law or any rule or regulation, the word "Florida" may not make an entity's name distinguishable from the name of an entity with a similar name (i.e. Sunshine Anesthesia Providers, P.A.). However, we respectfully believe that adding the word "Florida" makes the name sufficiently distinguishable from the other entity in this case. Please move forward with filing the Articles of Incorporation for Florida Sunshine Anesthesia Providers, P.A.

Please call me at (303) 495-1254 should you have any questions regarding the foregoing.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig A. Wilson", written over a horizontal line.

Craig A. Wilson
General Counsel, EMSC



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME Florida Sunshine Anesthesia Providers, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Management staffing of anesthesiology physicians.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Heather N. Banks
Address: 6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111

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

By: Troy Todri as its agent
Required Signature/Registered Agent
Date: 12-29-2010

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Heather N. Banks
Required Signature/Incorporator
Date: 12/29/10
Heather N. Banks