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Email Address: harry@samuelsaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
Vital Anesthesia Services Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

J. Shivers OCT 11 2011

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Vital Anesthesia Services Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

610 W. Las Olas Boulevard #116  
Fort Lauderdale, FL 33312

### ARTICLE III SHARES

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

1,500 Shares at No Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Harry M. Samuels  
2901 Stirling Road #307  
Fort Lauderdale, FL 33312

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Prepared By:  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-836-3940

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**ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Stephen M. Carrier - President/Director**  
**610 W. Las Olas Boulevard #116, Fort Lauderdale, FL 33312**

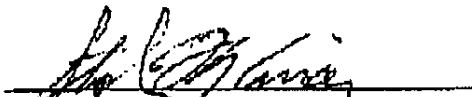
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Stephen M. Carrier**  
**610 W. Las Olas Boulevard #116, Fort Lauderdale, FL 33312**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of October 2011



**Stephen M. Carrier**  
**Signature**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Vital Anesthesia Services Inc.

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

Harry M. Samuels

Name

2901 Stirling Road #307

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Lauderdale, FL 33312

(City / State / Zip)

*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

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TALLAHASSEE, FLORIDA

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Harry M. Samuels  
SIGNATURE

10/10/2011

(Date)

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