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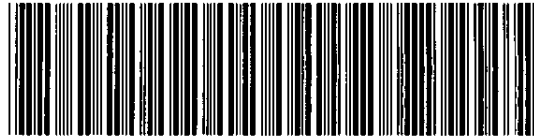
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2016

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 440215 7182683

AUTHORIZATION :



COST LIMIT : \$170.00

ORDER DATE : December 28, 2016

ORDER TIME : 12:10 PM

ORDER NO. : 440215-005

CUSTOMER NO: 7182683

DOMESTIC FILING

NAME: FLORIDA ANESTHESIA MEDICAL
SERVICES I, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Florida Anesthesia Medical Services I, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: John R. Stair

Name (Printed or typed)

265 Brookview Centre Way, Suite 400

Address

Knoxville, TN 37919

City, State & Zip

(865) 693-1000

Daytime Telephone number

kelly_greancy@teamhealth.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Florida Anesthesia Medical Services I, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7111 Fairway Drive, Suite 450

Palm Beach Gardens, FL 33418

Mailing address, if different is:

Attn: Legal Dept

265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Weiss, DO, President/Director

Address: 7111 Fairway Drive, Suite 450

Palm Beach Gardens, FL 33418

Name and Title: Don Beuerle, Vice President/Treasurer

Address: 7111 Fairway Drive, Suite 450

Palm Beach Gardens, FL 33418

Name and Title: Matt Stapleton, Vice President

Address: 7111 Fairway Drive, Suite 450

Palm Beach Gardens, FL 33418

Name and Title: John R. Stair, Assistant Secretary

Address: 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

Name and Title: John Barrack, Assistant Treasurer

Address: 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: John R. Stair

Address: 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: Corporation Service Company Courtney Williams 12.28.16
Required Signature/Registered Agent Asst. Vice President Date

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.

Required Signature/Incorporator 12/15/2016
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA