

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

CSC networks
PRESTIGE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 591101 9616A

AUTHORIZATION :

COST LIMIT : \$ 122.50

Patricia Pizzuto

ORDER DATE : May 4, 1995

ORDER TIME : 10:30 AM

ORDER NO. : 591101

CUSTOMER NO: 9616A

300001475883

RUSH WILL WAIT

CUSTOMER: Ms. Sue C. Weeden
SMOOT ADAMS EDWARDS & GREEN,
P.A.
One University Park, Suite 600
12800 University Drive
Ft. Myers, FL 33907

DOMESTIC FILING

NAME: SURGICARE CENTER OF VENICE,
INC.

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

T. BROWN MAY - 4 1995

FILED
95 MAY - 4 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SURGICARE CENTER OF VENICE, INC.

FILED
95 MAY -4 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SURGICARE CENTER OF VENICE, INC.

The address of the principal office of this corporation shall be 2665 Oak Ridge Court, Ft. Myers, Florida 33901-9389, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

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

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on May 4, 1995.

CORPORATION INFORMATION SERVICES, INC.

By:

Laura R. Dunlap
Its agent, Laura R. Dunlap

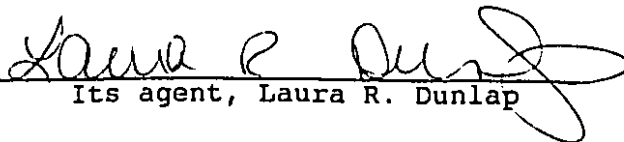
ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

FILED
95 MAY -4 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By:


Its agent, Laura R. Dunlap

LRD/lrd

P95000034831

(SMOOTH, ADAMS, EDWARDS & GREEN, P.A.)
ATTORNEYS AT LAW

J. TOM SMOOT, JR.
HAL ADAMS
FRANKLYN A. JOHNSON, JR. (1047-1091)
CHARLES B. EDWARDS
BRUCE D. GREEN
STEVEN I. WINN
MARK R. KOMAY
THOMAS P. CLARK
CLAYTON W. CHIVARRA
M. BRIAN CHEFFIN
ROBERT S. FORMAN
THOMAS M. HOWELL
SCOTT B. ALDEN
P. MICHAEL VILLALOBOS
KATHLEEN W. MCBRIDE
LOWELL SCHODENFELD
C. BERN EDWARDS, JR.
MERVILLE G. BRINNON III

ONE UNIVERSITY PARK
SUITE 600
10500 UNIVERSITY DRIVE
FORT MYERS, FLORIDA 33907
(813) 400-1776
(800) 820-1777 IN FLORIDA
FAX (813) 400-0444

MAILING ADDRESS
P. O. BOX 60950
FORT MYERS, FLORIDA
33906-0950

June 5, 1995

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32301

100001510401
-06/12/95--01005--007
*****35.00 *****35.00

RE: Surgicare Center of Venice, Inc.

Gentlemen:

Please find enclosed Statement of Change of Registered Agent for the above-referenced corporation. Also enclosed is our firm's check in the amount of \$35.00 representing the filing fee. Kindly file the change and return the receipt to us in the self-addressed envelope provided for your convenience.

Thank you for your attention to this matter.

Very truly yours,

Susan C. Weeden

Susan C. Weeden
Legal Assistant

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 2:01

SH 4/5

scw
Enclosures

VIA CERTIFIED MAIL
RETURN RECEIPT - Z 763 351 188

Change of 12A

cc: Corporation Information Services, Inc. (w/enclosure)

Date Filed _____

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: SURGICARE CENTER OF VENICE, INC.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

David C. Brown, M.D.

2665 Oak Ridge Court

Ft. Myers, FL 33901-9389

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DIVISION OF CORPORATIONS
95 JUN -9 PM 2:01

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

David C. Brown, M.D., President
(Typed or printed name and title)

Signature

David C. Brown

(President or Vice President)

Date MAY 5, 1995

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name David C. Brown, M.D.

Signature

David C. Brown

Date

MAY 5, 1995

