

TRANSMITTER

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

BLUE WATER ANESTHESIA SERVICES, INC.

(Proposed corporate name - must include suffix)

10000011541-41-1  
 10000011541-41-1  
 \*\*\*\*\*

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

Filing Fee \$70.00

☒ \$78.75  
Filing Fee  
& Certificate

[ ] \$122.50  
Filing Fee  
& Certified Copy

9131 25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Southwest Professional Services of Fort Myers, Inc

Name (printed or typed) \_\_\_\_\_

13611 McGregor Blvd

**Address**

Fort Myers, Fl 33919

City, State &amp; Zip

813-481-4444

Daytime Telephone number

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

## 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:

BLUE WATER ANESTHESIA SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

Business address 1233 45th Street Suite A6  
West Palm Beach, Fl 33407

Mailing Address: 13611 McGregor Blvd Suite #3  
Fort Myers, Fl 33919

### ARTICLE III SHARES

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

1000 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Southwest Professional Services of Fort Myers, Inc.  
13611 McGregor Blvd  
Fort Myers, Fl 33919

ARTICLE V INCORPORATOR(S)

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

Robert Robe  
7730 Beta Circle  
West Palm Beach, Fl 33406

Darlene Hudson  
145 Third Way  
West Palm Beach, Fl 33407

Richard Chipick  
337 Tortoise Cove  
Royal Palm Beach, Fl 33411

Julie Rosenberg  
1923 Stratford Way  
West Palm Beach, Fl 33409


Juan Medina  
1120 Royal Palm Beach Blvd  
Royal Palm Beach, Fl 33411

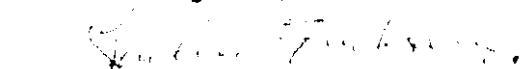
The undersigned has(have) executed these Articles of Incorporation this

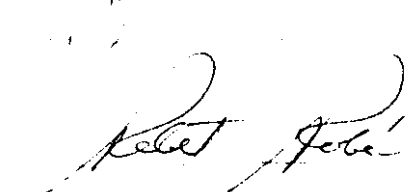
10th day of August, 1995

 , VP  
Signature/Title

 , VP  
Signature/Title

 , VP  
Signature/Title

 , VP  
Signature/Title

 , President  
Signature/Title

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida:

1. The name of the corporation is Blue Water Anesthesia Services, Inc.

2. The name and address of the registered agent and office is  
Southwest Professional Services of Fort Myers, Inc.  
(NAME)

13611 Mcgregor Blvd

(P.O. BOX NOT ACCEPTABLE)

Fort Myers, FL 33910

(CITY/STATE/ZIP)

SIGNATURE [Signature]  
(Corporate Officer)

TITLE President

DATE 8/10/95

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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Southwest Professional Services of  
Fort Myers, Inc.  
SIGNATURE [Signature] VP

DATE 8/10/95