

96 NOV 18 PH 12: 46

SECRETA TALLAHASUTE, FLORIDA

November 12, 1996

SUBJECT:

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

Transmittal letter

Siesta Anesthesia Service, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and check in the amount of \$131.25 for the filing fee, a certified copy, and certificate.

Please return to me at the above address.

Thank you for your time in this matter.

Lisa J. Kleinberg

Very truly yours,

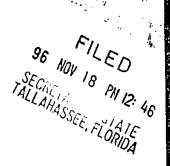
LJK/me

cc: Theodore L. Jackson

ARTICLES OF INCORPORATION

ARTICLE I: NAME

The name of the corporation shall be SIESTA ANESTHESIA SERVICE, INC.



ARTICLE II: PURPOSE

The purpose of the corporation is to conduct any and all lawful business.

ARTICLE III: PRINCIPAL OFFICE

The address and mailing address of the principal office shall be 4940 Hidden Oaks Lane, Sarasota, Florida, 34232.

ARTICLE IV: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100). The par value of each share shall be \$1.00.

ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is Theodore L. Jackson, 4940 Hidden Oaks Lane, Sarasota, Florida, 34232.

ARTICLE VI: INCORPORATOR

The name and address of the incorporator is Theodore L. Jackson, 4940 Hidden Oaks Lane, Sarasota, Florida, 34232.

ARTICLE VII: INITIAL OFFICER/DIRECTOR

The name of the initial officer/director is:

Theodore Jackson President

The undersigned incorporator has executed these Articles of Incorporation this day of November, 1996.

Theodore L. Jackson

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

96 NOV 18 PH 12: 46 PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDESIGNED 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 Siesta Anesthesia Service, Inc.
- 2. The name and address of the registered agent and office is:

THEODORE L. JACKSON 4940 HIDDEN OAKS LANE SARASOTA, FL 34232

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.

1/- 1/- 96 DATE