

P97000074356



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 510497 80448A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 27, 1997

ORDER TIME : 9:56 AM

ORDER NO. : 510497-005

CUSTOMER NO: 80448A

300002278353--1  
-08/27/97--01059--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CUSTOMER: Marshall H. Barkin, Esq  
MARSHALL H. BARKIN, ESQ  
PERSONAL ACCOUNT  
Suite 710  
149-p S. Ridgewood Avenue  
Daytona Beach, FL 32114

DOMESTIC FILING

NAME: ANESTHESIA MEDICAL SERVICES,  
P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons

EXAMINER'S INITIALS:

97 AUG 27 AM 10:40  
DIVISION OF CORPORATION  
97 AUG 27 AM 11:15  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SN AUG 27 1997

ARTICLES OF INCORPORATION  
(Professional Services)  
OF

ANESTHESIA MEDICAL SERVICES, P.A.

FILED

97 AUG 27 AM 11:15

SECRET  
TALLAHASSEE, FLORIDA

The undersigned incorporator for the purpose of forming a corporation under the provisions of Chapter 607 and 621 of the Florida Statutes, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ANESTHESIA MEDICAL SERVICES, P.A.

ARTICLE II - PRINCIPAL OFFICE

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

P O Box 1012  
Ormond Beach, FL 32175

ARTICLE III - CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue is One Hundred (100) shares, all of which shall be common shares with a par value of \$1.00 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Anthony J. Conte  
450 John Anderson Drive  
Ormond Beach, FL 32176

ARTICLE V - MANAGEMENT

The business of the Corporation shall be managed by its shareholders.

**ARTICLE VI - PURPOSE**

The purpose of the corporation shall be for the practice of medicine.

**ARTICLE VII - INCORPORATOR**

The name and street address of the incorporator is:

Anthony J. Conte  
450 John Anderson Drive  
Ormond Beach, FL 32176

IN WITNESS WHEREOF, I have hereunto subscribed my name this  
20th day of August, 1997.

  
\_\_\_\_\_  
Anthony J. Conte, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

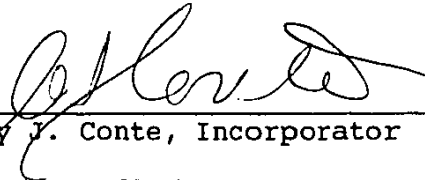
Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

**ANESTHESIA MEDICAL SERVICES, P.A.**

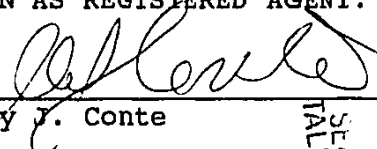
2. The name and address of the registered agent and office is:

Anthony J. Conte  
450 John Anderson Drive  
Ormond Beach, FL 32176

  
\_\_\_\_\_  
Anthony J. Conte, Incorporator

Date: August 20, 1997

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.

  
\_\_\_\_\_  
Anthony J. Conte

Date: August 20, 1997

FILED  
97 AUG 27 AM 11:15  
TALLAHASSEE, FLORIDA