HUGH PAUL NUCKOLLS KARL L. JOHNSON W. GUS BELCHER, II MAILING ADDRESS:
P. O. DRAWER 2199
FORT MYERS, FLORIDA 33902-2199

SUITE 303 1375 JACKSON STREET FORT MYERS, FLORIDA 33901 (941) 334-3400

December 5, 1997

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

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Re:

Incorporation of

Bet-Ta Anesthesia Associates, Inc.

Gentlemen:

Enclosed please find the original and two copies of the Articles of Incorporation for Bet-Ta Anesthesia Associates, Inc. for filing. Also enclosed is my check in the amount of \$70.00 to cover the \$35.00 filing fee and \$35.00 Registered Agent Fee. I do not desire a certified copy of the Articles.

After the Articles have been filed, please return to me a copy stamped with the date of filing on same. I have enclosed a self-addressed, stamped envelope for your convenience.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

KARL L. JOHNSON

KLJ/cl

Enclosures: as stated

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ARTICLES OF INCORPORATION

OF

BET-TA ANESTHESIA ASSOCIATES, INC.

The undersigned Incorporator to these Articles of Incorporation is a natural person, competent to contract and hereby forms a corporation for profit under the Laws of the State of Florida.

ARTICLE I

NAME

The name of the Corporation is BET-TA ANESTHESIA ASSOCIATES, INC.

ARTICLE II

DURATION

The Corporation shall have perpetual existence.

ARTICLE III

PURPOSE

The Corporation may engage in any activity or business permitted under the Laws of the United States and the State of Florida.

ARTICLE IV

SHARES OF STOCK

The maximum number of shares of stock that this

Corporation is authorized to have outstanding at any one time

is Five Hundred (500) shares of Common Stock, each share having
a par value of One Dollar (\$1.00), per share. The consideration

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to be paid for each share shall be fixed by the Board of Directors from time to time.

ARTICLE V

AMOUNT OF CAPITAL

The amount of capital with which this Corporation will begin business is Five Hundred Dollars (\$500.00).

ARTICLE VI

INITIAL STREET ADDRESS

The initial street address of the principal office of this Corporation is Suite 303, 1375 Jackson Street, Fort Myers, Florida 33901. The Board of Directors may from time to time move the principal office to any other address.

ARTICLE VII

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is Suite 303, 1375 Jackson Street, Fort Myers, Florida 33901. The name of the initial Registered Agent at said address is KARL L. JOHNSON.

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

The Corporation will have one Director initially. The number of Directors may be increased or diminished from time to time by the By-Laws adopted by the Shareholders, but shall never be less than one. The name and address of the initial Director of this Corporation is: STEPHEN G. BOYLE 330 Treasure Drive

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Port St. Joe, FL 32456

ARTICLE IX

INCORPORATOR

The name and address of the Incorporator signing these Articles of Incorporation is:

KARL L. JOHNSON 1375 Jackson Street, Suite 303 Fort Myers, FL 33901

ARTICLE X

EFFECTIVE DATE

These Articles of Incorporation shall be effective upon approval by the Secretary of the State of Florida.

ARTICLE XI

AMENDMENT OF ARTICLES

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Shareholders, and approved at a Shareholder's Meeting by a majority of the stock entitled to vote thereon, unless all of the Directors and all of the Shareholders sign a written statement manifesting their intention that a certain amendment of the Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned Incorporator has set his hand and seal, and acknowledged and filed the foregoing Articles of Incorporation under the Laws of the State of Florida, this <u>5th</u> day of <u>December</u>, 1997.

KARL L. JOHNSON Incorporator STATE OF FLORIDA)
COUNTY OF LEE)

BEFORE ME, the undersigned authority, authorized to administer oaths and take acknowledgements, this day personally appeared KARL L. JOHNSON, who is personally known to me, and who did take an oath, and who has acknowledged before me that he has read and executed the foregoing instrument for the purposes therein expressed.

WITNESS my hand and official seal this <u>5th</u> day of

<u>December</u>, 1997.

My commission expires:

CHERYL LEEMAN, NOTARY PUBLIC
STATE OF FLORIDA
MY COMMISSION EXPIRES
MAY 10, 1998
COMMISSION NUMBER CC 371480

NOTARY PUBLIC

Name: Cheryl Leeman

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 48.091, Florida Statutes, the following is submitted, in compliance with said Act;

FIRST -- that BET-TA ANESTHESIA ASSOCIATES, INC., desiring to organize under the Laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation, in the City of Fort Myers, County of Lee, State of Florida, has named KARL L. JOHNSON, located at Suite 303, 1375 Jackson Street, Fort Myers, Florida 33901, as its Registered Agent to accept service of process within the State.

ACKNOWLEDGMENT -- having been named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

DATED this <u>5th</u> day of <u>December</u>, 1997.

Registered Agent