2/12/98

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: ABSOLUTE ANESTHESIA CORPORATION

AUDIT NUMBER..... H98000002954

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES..... 4
DEL.METHOD.. FAX

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SECRETARY OF STATE
TALLAHASSEF, ET ORIN

EEB-10-1338 11:10



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 12, 1998

EMPIRE -

SUBJECT: ABSOLUTE ANESTHESIA CORPORATION

REF: W98000003193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H98000002954 Letter Number: 898A00008268

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H98000002954

ARTICLES OF INCORPORATION

98 FEB 16 AM 11:56

ASSOLVIE ANESTHES: A CAPORATION

(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME/ADDRESS

The name of the Corporation and address of the Corporation is:

Principal: ABSOLUTE ANESTHESIA CORPORATION
Address: 9506 Sor RED ROAD M:Ami Froe : DA 33156

ARTICLE II - DURATION

This Corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The Corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

Prepared By: Davelas W. OFSTERLE

9506 SO RED ROAD

MiAMI, FLORIDA 33156

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

	44				#3-5-
The name and stre	et address o	f the Initia	l Registere	ed Agent of	this
Corporation is:					
Name: Dovg Address: 9500 City:		ام الجار	Day 77		
Name: Dova	LAS	WI. C		50.477	PED ROAD
Address: 9500	* 		7500	7in	10000
City:		State:	7 alla 14		33156
miami			CTORS		
ARTICLE VI - INIT	IAL BOAKD	OF DINE	<u></u>	•	y y meneri byce t
This Corporation s number of director by the By-Laws, bu addresses of the in	s may be elt	r pa jass į Uėl iucies	han one (1). The nan	nes and
Name: Maria	Goccia -	otem.	oreside	at-	
Address: 2401	Alhamba	2 Cico	10		
City: Coral Gab	les s	tate: FC		Zip: <u>3</u>	33134-
Ony. Canton Dage					
Name:	_ _	4			
Address: City:				Zip	
City:	Sta	ate		2,p	
IN WITNESS WH these Articles of I	**************************************	e undersig	Maris G	Parcio A	re executed 19 <u>98</u> Div (Seal) Fircle (Seal)
		 . 	00000		
			00000		33134
H98000	u0295	<u> </u>			

H98000002954

CERTIFICATE TO ACKNOWLEDGE REGISTERED AGENT 98 FEB 16

FFRIS ANDER

Certificate of Registered Agent

SECRETARY OF STATE TALLAHASSEE, FLORIDA

of:

ABSOLUTE ANESTHESIA CORPORATION

Pursuant to Florida Statutes, Section 48.091 and 607.034, the following is submitted: The above Corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

MiAM: FLOR: DA 33156

has named: Doug LAS W. OESTERLE located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Corporation at this place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent

H98000002954