

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P980000077285

ENT Surgical Associates Inc.

600002633406--4

-09/08/98--01012--032

\*\*\*122.50 \*\*\*122.50

✓ Art of Inc. File Cert.  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
✓ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

98 SEP -8 AM 11:10  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP -8 AM 10:19  
RECEIVED  
DIVISION OF CORPORATIONS  
ALL REQUESTS MUST BE  
MADE BY 11:00 A.M.

Signature \_\_\_\_\_

Requested by: CD

Name \_\_\_\_\_

Date 9/8/98

Time 11:00

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP -8 AM 11:10

*ARTICLES OF INCORPORATION*

*OF*

*ENT SURGICAL ASSOCIATES, INC.*

In compliance with the requirements of Fla.Stat. Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the corporation is:

*ENT SURGICAL ASSOCIATES, INC.*

ARTICLE II.

The existence of this Corporation shall begin on the date of filing hereof.

ARTICLE III

The nature of business to be transacted by this corporation is the acquisition of surgical equipment and the operation of a surgical center, together with any and all lawful business pursuant to the laws of the State of Florida.

ARTICLE IV

The street address of the initial principal office of the Corporation is 7019 NW 11th Place, Gainesville, Florida 32605.

ARTICLE V

The maximum number of shares this Corporation is authorized to issue is 10,000 shares.

ARTICLE VI

The initial street address of the Corporation's registered office is 7019 NW 11th Place, Gainesville, Florida 32605. The name of the initial Registered Agent for the Corporation at that address is LARRY N. SMITH, M.D.

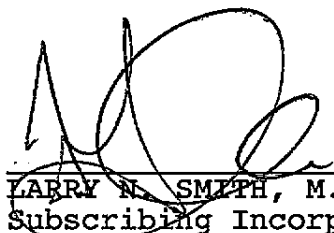
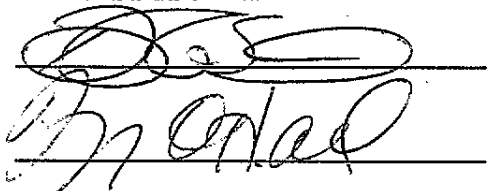
ARTICLE VII

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

LARRY N. SMITH, M.D.  
7019 NW 11th Place  
Gainesville, FL 32605

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator have set my hand and seal this 4th day of September, 1998, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make, subscribe, acknowledge and file in the office of the Secretary of State of the State of Florida, these Articles of Incorporation, and certify that the facts herein stated are true.


WITNESSES:

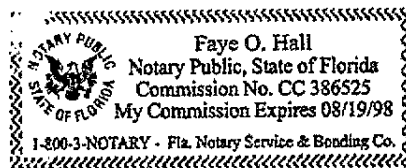


(SEAL)  
LARRY N. SMITH, M.D.  
Subscribing Incorporator

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing Articles of Incorporation were acknowledged before me this 4th day of September, 1998, by LARRY N. SMITH, M.D., who is personally known to me.

  
\_\_\_\_\_  
(Type name)  
Notary Public - State of Florida  
Commission Number:



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP -8 AM 11:10

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLA.STAT., 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: *ENT SURGICAL ASSOCIATES, INC.*
2. The name and address of the registered agent and office is:

LARRY N. SMITH, M.D.  
7019 NW 11th Place  
Gainesville, Florida 32605

ACCEPTANCE BY REGISTERED AGENT

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.

ADDRESS:


7019 NW 11th Place  
Gainesville, FL 32605

  
LARRY N. SMITH, M.D.  
Registered Agent

Date

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing was acknowledged before me this 4th day of September, 1998, by LARRY N. SMITH, M.D., who is personally known to me and who did not take an oath.

  
(Type name)  
Notary Public - State of Florida  
Commission Number: