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ACCOUNT NO. : 072100000032

REFERENCE : 961631 118517A

AUTHORIZATION : Patricia Pujut

COST LIMIT : \$ 122.50

ORDER DATE : September 15, 1998

ORDER TIME : 10:48 AM

ORDER NO. : 961631-005

CUSTOMER NO: 118517A

300002639873--2

CUSTOMER: Jeffrey M. Fuller, Esq
FULLER HOLSONBACK & BIVINS
ATTORNEYS & COUNSELORS AT LAW
Suite 2650
100 N. Tampa Street
Tampa, FL 33602

DOMESTIC FILING

NAME: NURSE ANESTHESIA PROVIDERS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 15 PM 2:31

RECEIVED
98 SEP 15 PM 12:10
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
OF

NURSE ANESTHESIA PROVIDERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 15 PM 2:31

The undersigned, acting as the incorporator of NURSE ANESTHESIA PROVIDERS, INC., under the Florida Business Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation is:

NURSE ANESTHESIA PROVIDERS, INC.

ARTICLE II. PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal business office and mailing address of the corporation is:

4706 Southeast 14th Street
Ocala, Florida 34471

ARTICLE III. CAPITAL STOCK

The number of shares of capital stock that the corporation is authorized to issue is 1,000 shares of common stock, having a par value of \$1.00 per share.

ARTICLE IV. INITIAL BOARD OF DIRECTORS

The corporation shall have two directors initially. The names and street addresses of the initial directors are:

<u>Name</u>	<u>Address</u>
John T. Douglas	4706 Southeast 14th Street Ocala, Florida 34471
Carol G. Douglas	4706 Southeast 14th Street Ocala, Florida 34471

ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 100 North Tampa Street, Suite 2650, Tampa, Florida

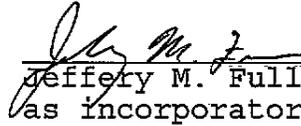
33602; and the name of the corporation's initial registered agent at the address is Jeffery M. Fuller.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator is:

Jeffery M. Fuller
100 North Tampa Street, Suite 2650
Tampa, Florida 33602

EXECUTION DATE: September 14, 1998



Jeffery M. Fuller
as incorporator

NURSE ANESTHESIA PROVIDERS, INC.

ACCEPTANCE OF REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

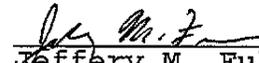
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Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the following is submitted:

That Nurse Anesthesia Providers, Inc., desiring to organize as a corporation under the laws of the State of Florida with its initial registered office, as indicated in its Articles of Incorporation, at 100 N. Tampa Street, Suite 2650, Tampa, Florida 33602, has named Jeffery M. Fuller as its agent to accept service of process within the State of Florida.

Having been named to accept service of process for Nurse Anesthesia Providers, Inc., at the place designated in this document, the undersigned agrees to act in that capacity and to comply with the provisions of the Florida Business Corporation Act relative to keeping open the registered office. The undersigned is familiar with, and accepts the obligations of, Section 607.0501, Florida Statutes.

EXECUTION DATE: September 14, 1998



Jeffery M. Fuller
as Registered Agent