

P99000045845

TRANSMITTAL LETTER

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

100002877431--2
-05/17/99-01111-013
*****70.00 *****70.00

SUBJECT: Lee Anesthesia, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00 \$78.75 \$122.50 \$131.25

FROM: Matland Accounting
Name (printed or typed)
12995 Cleveland Ave. #107
Address
Ft. Myers, FL 33907
City, State & Zip
941-275-3434
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

99 MAY 17 AM 9:29

FILED

B. BROCK MAY 20 1999

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Lee Anesthesia, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

12995 Cleveland Ave. #107
Ft. Myers, FL 33907

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares No par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rudolph K. Matland
12995 Cleveland Ave. #107
Ft. Myers, FL 33907

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Rudolph K. Matland
12995 Cleveland Ave. #107
Ft. Myers, FL 33907

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

thirteenth day of May, 1999.

Rudolph K. Matland
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Lee Anesthesia, Inc.

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

Rudolph K. Matland
(Name)
12995 Cleveland Ave. #107
(P.O. Box not acceptable)
Ft. Myers, FL 33907
(City/State/Zip)

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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.

Rudolph K. Matland
(Signature)

May 13, 1999