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TRANSMITTAL RECORD

FILED

99 JUN 16 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

000002906500--0
-06/16/99--01053--008
*****78.75 *****78.75

SUBJECT: AFFILIATED ANESTHESIA PROFESSIONALS, 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 X \$78.75 \$122.50 \$131.25

FROM:

Ivan Garcia

Name (printed or typed)

5651-B Hwy. 90

Address

Milton, FL 32583

City, State & Zip

(904)-626-3303

Daytime Telephone number

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

B. BROWN JUN 17 1999

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.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AFFILIATED ANESTHESIA PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

403 S. Palafox Street
Pensacola, Florida 32501

ARTICLE III SHARES

The 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, \$ 1 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ivan Garcia
5651-B Highway 90
Milton, FL 32583

ARTICLE V INCORPORATOR(S)


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

Eli S. Vega, CRNA
4302 Yarmouth Place
Pensacola, Fl 32514

Ivan Garcia, Ph.D.
5651-B Hwy 90
Milton, Florida 32583

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

14 th day of JUNE, 19 99.


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: AFFILIATED ANESTHESIA PROFESSIONALS, INC.

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

Ivan Garcia

(Name)

5651-B Highway 90

(P.O. Box not acceptable)

Milton, FL 32583

(City, State, Zip)

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 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.


Ivan Garcia

(Signature)

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