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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

SMALL ANESTHESIA ASSOCIATES INC.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 22, 1999

FAS-T

SUBJECT: SMALL ANESTHESIA ASSOCIATES INC.
REF: W99000021792

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FAX Aud. #: H99000023595
Letter Number: 299A00046339

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE,
FLORIDA

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

ARTICLE I NAME

The name of the Corporation shall be:

SMALL ANESTHESIA ASSOCIATES INC.

The principal place of business of this corporation shall be:

6441 Olde Moat Way
Davie, FL 33331

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws of
the United State, the State of Florida, or any other State, Country,
Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this
corporation is authorized to have outstanding at any one time is: 1000.

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Dorrell Small whom resides at 6441 Olde Moat Way, Davie, FL 33331.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Dorrell Small whom resides at 6441 Olde Moat Way, Davie, FL 33331.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these articles Of Incorporation this 7 day of September, 1999.

Signature(s) of Incorporator(s)

Dorrell Small
Dorrell Small Incorporator/Director

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: : SMALL ANESTHESIA ASSOCIATES INC.,
2. The name and address of the registered agent and office is:

Dorrell Small
6441 Olde Moat Way
Davie, Fl 33331

SIGNATURE: _____

TITLE: Incorporator/Registered Agent

Date: _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: _____

Date: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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