

LD5000092814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

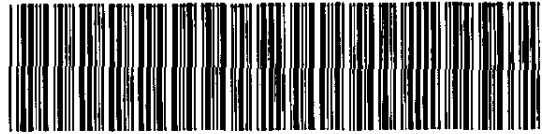
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 SEP 21 PM 2:45
TALLAHASSEE, FLORIDA

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Requestor's Name Richard M. Powers, P.A.	
Address 2104 Delta Way - Suite 6 Tallahassee, FL 32303	
City/State/Zip	Phone # 850-224-5596

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CRNA ANESTHESIA, LLC (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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FILED

ARTICLES OF ORGANIZATION

05 SEP 21 PM 2:45

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRNA ANESTHESIA, LLC

The undersigned hereby files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I

Name and Address

The name of this limited liability company shall be **CRNA ANESTHESIA, LLC**.

The address of its initial principal office is 12037 Cedar Bluff, Tallahassee, Florida 32312, and its initial mailing address is 6753 Thomasville Road, Suite 108-129, Tallahassee, Florida 32312. The office address and mailing address may be changed from time to time at the discretion of this limited liability company, or as otherwise provided by Florida law.

ARTICLE II

Term of Existence

This limited liability company shall exist perpetually unless dissolved according to law and shall commence upon the filing of these Articles of Organization by the Department of State of the State of Florida.

ARTICLE III
Purpose

This limited liability company may engage or transact in any and all lawful activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
Powers

This limited liability company shall have the powers provided by Florida law.

ARTICLE V
Initial Registered Office and Registered Agent

The street address of the initial Registered Office of this limited liability company in the State of Florida shall be 12037 Cedar Bluff, Tallahassee, Florida 32312. The name of the initial Registered Agent of this limited liability company at the above address is NADINE ROLANDO.

ARTICLE VI
Number of Members

This limited liability company shall have one or more members. The number of members may be changed from time to time in accordance with and in the manner provided by Florida law.

ARTICLE VII
Initial Member

The initial member of this limited liability company is NADINE ROLANDO.

ARTICLE VIII
Management

This limited liability company is to be managed by its members and is, therefore, a member-managed limited liability company.

ARTICLE IX
Amendment

These Articles of Organization may be amended in any manner now or hereafter provided for by law, and all rights conferred hereunder are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned, being the original subscribing member to the foregoing Articles of Organization, has executed these Articles of Organization this 20 day of September, 2005.



NADINE ROLANDO
Member

STATE OF FLORIDA
COUNTY OF LEON

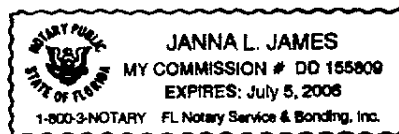
Before me personally appeared Nadine Rolando who [check one]: is personally known to me [or] produced _____ as identification, who executed the foregoing Articles of Organization and who acknowledged to and before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 20 day of September, 2005, in the County and State aforesaid.



Notary Public, State of Florida

Notary's Stamp/Seal:



**ACCEPTANCE OF
APPOINTMENT AS REGISTERED AGENT**

Having been named as Registered Agent for **CRNA ANESTHESIA, LLC** at the designated Registered Office, the undersigned hereby accepts said appointment, agrees to act in said capacity, and certifies that she is familiar with and agrees to comply with the provisions of Chapter 608, Florida Statutes, relative to the proper and complete performance of her duties.

DATED this 20 day of September, 2005.

By: _____

Nadine Rolando
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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