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001/007

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Destin Anesthesia Group LLC

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PAGE 001/001

Florida Dept of State



March 29, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALZOOM

SUBJECT: DESTIN ANESTHESIA GROUP LLC
REF: W07000015463

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destin Anesthesia Group LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lana Endo
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Suite 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Lana Endo at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
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(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

H07000085328 3

H07000085328 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Destin Anesthesia Group LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:36500 Emerald Coast Parkway
Destin, FL 32541**Mailing Address:**36500 Emerald Coast Parkway
Destin, FL 32541**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

William R. Marshall

Name

928D Mar Walt Dr.Florida street address (P.O. Box NOT acceptable)Fort Walton BeachFL 32547

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..



Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H07000085328 3

H07000085328 3

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMGulf Coast Diversified, Inc.36500 Emerald Coast ParkwayDestin, FL 32541MGRMEmerald Coast Diversified - Destin, L.L.C.36500 Emerald Coast ParkwayDestin, FL 32541MGRMDestin Pain Medicine And Rehabilitation, L.L.C.36500 Emerald Coast ParkwayDestin, FL 32541MGRMEmerald Coast Eye Partners, L.L.C.36500 Emerald Coast ParkwayDestin, FL 32541

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lana EndoTyped or printed name of signee**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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ALABAMA
FLORIDA