



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2012

DEBRA HERN
PO BOX 627
ST. PETERSBURG, FL 33731

SUBJECT: ELITE ANESTHESIA PARTNERS, LLC
Ref. Number: W12000023043

We have received your document for ELITE ANESTHESIA PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00012794

April 19, 2012

To: Florida Department of State

From: Dedra Hern

I have attached the Articles of Organization for Florida LLC and a check for \$125.00

Please contact me at 813-215-4960 or address below if additional information is needed.

The new company name is:

Elite Anesthesia Partners, LLC

Thank you,

Dedra Hern

A handwritten signature in cursive script, appearing to read "Dedra", with a long horizontal flourish extending to the right.

PO BOX 627

St Petersburg , FL 33704

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elite Anesthesia Partners, 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:

Dedra Hern
Name of Person

Firm/Company

PO Box 627
Address

St Petersburg, FL 33731
City/State and Zip Code

dedrahern@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dedra Hern at (**813**) **215-4960**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Elite Anesthesia Partners, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

po box 627 127 Bay Point Dr. NE.
St Petersburg FL 33704

Po Box 627
St Petersburg, FL 33731

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dedra Hern

Name

127 Bay Point Dr NE

Florida street address (P.O. Box **NOT** acceptable)

St Petersburg FL 33704

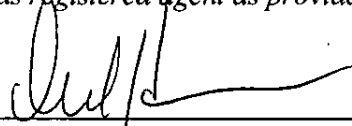
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 24 PM 3:16

FILED

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 (REQUIRED)

(CONTINUED)

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

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

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12 MAY 24 PM 3: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Carla Galang
1308 Merry Water Drive
Lutz, FL 33548

MGRM

Dedra Hern
127 Bay Point Dr NE
St Petersburg, FL 33704

MGRM

Erik Benton
1208 Golf Meadow Blvd
Valrico, FL 33596

MGRM

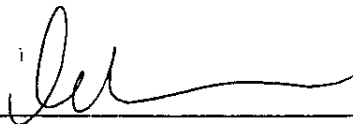
DJH Management, LLC
10045 Old Warren Road
Raleigh, NC 27615

MGRM
(Use attachment if necessary)

RSR ENTERPRISES, LLC
1304 MARSHALL FARM STREET
WAKE FOREST NC

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL) 27587
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dedra Hern

Typed 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)