

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L16000192310  
FILED 8:00 AM  
October 18, 2016  
Sec. Of State  
vherring

**Article I**

The name of the Limited Liability Company is:

PHOENIX ANESTHESIA, PLLC

**Article II**

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

1331 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL. US 34950

The mailing address of the Limited Liability Company is:

1331 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL. US 34950

**Article III**

Other provisions, if any:

PROVIDE ANESTHESIA AND OTHER MEDICAL SERVICES.

**Article IV**

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

ANJANAYA PRASAD R. KORLIPARA  
1331 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL. 34950

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.

Registered Agent Signature: ANJANAYA PRASAD R. KORLIPARA

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ANJANAYA PRASAD R. KORLIPARA  
1331 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL. 34950 US

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Signature of member or an authorized representative

Electronic Signature: ED TSUJI, AUTHORIZED REPRESENTATIVE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.