

Sent By: W&W;

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795 5774;

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To:

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Fax Number : (850) 922-4003

From:

Account Name : WICKMAN & WYCKOFF, P.A.  
Account Number : T19980000073  
Phone : (941) 795-6565  
Fax Number : (941) 795-5774

EFFECTIVE DATE  
1-1-00

LIMITED LIABILITY COMPANY

Summerlin Bend Anesthesia, P.L.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR  
PROFESSIONAL SERVICE  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the limited liability company is **SUMMERLIN BEND ANESTHESIA, P.L.**

**ARTICLE II - ADDRESS**

**EFFECTIVE DATE**1-1-00

The mailing address and street address of the principal office of the limited liability company is :

17579 Boat Club Dr.  
Ft. Myers, FL 33908

**ARTICLE III - REGISTERED AGENT**

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

Wickman & Wyckoff, P.A.

(Name)

4909 Manatee Avenue West(P.O. Box or Mail Drop Box **NOT** acceptable)Bradenton, Florida 34209

(City/State/ZIP)

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**ARTICLE IV - PURPOSE**

The purpose of this Company is to engage in the practice of Anesthesiology within the State of Florida and to take all actions that are necessary or proper in connection with that practice.

This Company shall have all powers given professional service limited liability companies under the Laws of the State of Florida.

Prepared by:  
John E. Wickman  
Wickman & Wyckoff, P.A.  
4909 Manatee Avenue West  
Bradenton, FL 34209  
(941) 795-6565  
Fla. Bar No. 0046884

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**ARTICLE V - DURATION**

The term of duration for the limited liability company shall be perpetual.

**ARTICLE VI - MANAGEMENT**

The limited liability company is managed by its Members.

**ARTICLE VII - EFFECTIVE DATE**

Pursuant to the provisions of Chapter 608, Florida Statutes, this limited liability company shall begin in existence on January 1, 2000.

  
JOHN E. WICKMAN, Authorized  
Representative of a Member

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.*

**Wickman & Wyckoff, P.A., a Florida professional  
service corporation**

By:   
John E. Wickman, President

REC'D  
SECRETARY OF STATE  
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