

Division of Corporations

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## LIMITED LIABILITY COMPANY

## MARTIN COUNTY ANESTHESIA GROUP, PL

Certificate of Status	1
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## Articles of Organization

For

### MARTIN COUNTY ANESTHESIA GROUP, PL A Florida Professional Service Limited Liability Company

The undersigned, desiring to form a Limited Liability Company under and pursuant to Chapter 608, Florida Statutes, entitled the Florida Limited Liability Company Act, and Chapter 621, Florida Statutes, entitled the Florida Professional Service Corporation and Limited Liability Company Act, do hereby adopt the following Articles of Organization for such Company:

1. Name. The name of this Company shall be:

MARTIN COUNTY ANESTHESIA GROUP, PL

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

421 E Osceola Street  
Stuart, Florida 34994

3. Duration/Continuation. The period of this Company's duration shall begin December 31, 2000, and shall be perpetual, unless terminated by the unanimous written agreement of all Members.

4. Purposes. The purpose for which this Company is being formed is to engage in the practice of medicine under the laws in the State of Florida.

5. Management. The Limited Liability Company is to be managed by the members.

6. Registered Agent. The address of the registered office of this Limited Liability Company and the agent at said address is:

M. Lanning Fox  
1100 South Federal Highway  
Stuart, Florida 34994

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ARTICLES OF ORGANIZATION for, MARTIN COUNTY ANESTHESIA GROUP, PL  
A Florida Professional Service Limited Liability Company  
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**IN WITNESS WHEREOF**, the undersigned has hereunto set his hand and seal this 12<sup>th</sup> day of December, 2000. In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.

George E. McLain, Member

Dated: 12-12-00

**STATE OF FLORIDA  
COUNTY OF MARTIN**

**BEFORE ME**, the undersigned authority, personally appeared George E. McLain, to me known to be the person who executed the foregoing Articles of Organization and he acknowledged to and before me that he executed such instrument.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal this 12 day of December, 2000.

(Notary Seal)



Sharon Reynolds  
Commission # CG 853956  
Expires July 24, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

*Sharon Reynolds*

Notary Public, State of Florida  
My Commission Expires:

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

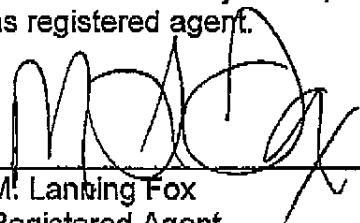
1. The name of the Limited Liability Company is:

MARTIN COUNTY ANESTHESIA GROUP, PL

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

M. LANNING FOX  
1100 S Federal Highway  
Stuart, Florida 34994

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.

  
M. Lanning Fox  
Registered Agent

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