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Florida Department of State

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7 POHL + SHORT, P.A. Account Name

Account Number : I20000000182 Phone : (407)647-7645

Fax Number : (407)647-2314

W7/25

LIMITED LIABILITY COMPANY

TRICOUNTY ANESTHESIA-EUSTIS CHARTERED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR TRICOUNTY ANESTHESIA-EUSTIS CHARTERED A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is TRICOUNTY ANESTHESIA—EUSTIS CHARTERED.

ARTICLE II PURPOSE

The purpose of the company is to provide medical services.

ARTICLE III ADDRESS

The mailing address of the principal office of the Limited Liability Company is Post-Office Box 521150, Longwood, Florida 32752-1150, and street address of the principal effice of the Limited Liability Company is 250 County Road 427, Suite 114, Longwood, Florida 32750.

ARTICLE IV DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V MANAGEMENT

The Limited Liability Company is to be managed by its managing member, and the name and address of the managing member are:

Tricounty Anesthesia, LLC 250 County Road 427, Suite 114 Longwood, Florida 32750 L01-10513

ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The address of the initial Registered Office of the Limited Liability Company is 250 County Road 427, Suite 114, Longwood, Florida 32750, and the initial Registered Agent at such address is Tricounty Anesthesia, LLC.

IN WITNESS WHEREOF, the undersigned managing member affirms that, under penalties of perjury, the facts stated herein are true, and the undersigned managing member has executed these Articles of Organization this 24 day of July ______, 2001.

TRICOUNTY ANESTHESIA, LLC, Managing Member

By:

G. Steven Avidon, M.D., Member

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ACCEPTANCE OF APPOINTMENT BY INITIAL REGISTERED AGENT

THE UNDERSIGNED, a Florida limited liability company, having been named in Article VI of the foregoing Articles of Organization as initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that it is familiar with, and hereby accepts, the obligations set forth in Section 608.407, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to it as Registered Agent of the limited liability company.

DATED this 24th day of	July , 2001.
	TRICOUNTY ANESTHESIA , LLC, Managing Member
	- //////
	By: G. Steven Avidon, M.D. Member

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