

# LO2000010880

Thomas W. Lager

Requestor's Name

2900 East Park Avenue

Suite B

Address

Tallahassee FL 32301

City/State/Zip

Phone #

850-877-0112

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. South-East Anesthesia Management  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

02 MAY -6 PM 4:12

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

AL1

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-05/07/02--01006--009  
\*\*\*\*195.00 \*\*\*\*125.00

**ARTICLES OF ORGANIZATION  
OF  
SOUTH-EAST ANESTHESIA MANAGEMENT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I**

The name of the limited liability company shall be SOUTH-EAST ANESTHESIA MANAGEMENT, LLC ("company").

**ARTICLE II**

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

**Principal Office:**

1213 TMH Court  
Tallahassee, FL 32308

**Mailing Address:**

P O Box 3598  
Fresno, CA 93650-3598

**ARTICLE III**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the company's operating agreement (hereinafter referred to as "regulations").

#### **ARTICLE IV**

The name and street address of the registered agent of the company in the state of Florida are: Thomas W. Lager, Esq., 2900 East Park Avenue, Suite B, Tallahassee, Florida 32301.

#### **ARTICLE V**

The members of the company shall contribute to the capital of the company the cash or property as required by law.

#### **ARTICLE VI**

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members, or as otherwise provided in the regulations.

#### **ARTICLE VII**

Except as may be set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless 75% of the members of the company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by written consent.

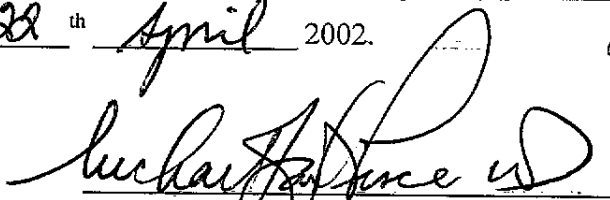
#### **ARTICLE VIII**

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by majority vote of all the remaining members.

## ARTICLE IX

The company shall be managed by managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial managers of the company are: Michael Pesce, M.D., 1401 S Grand Avenue, 4<sup>th</sup> Floor, Department of Anesthesia, Los Angeles, CA 90015 and William H. Hass, M.D., 1401 S Grand Avenue, 4<sup>th</sup> Floor, Department of Anesthesia, Los Angeles, CA 90015.

IN WITNESS WHEREOF, the undersigned organization have made and subscribed these articles of organization at Los Angeles (city), CA (state), on 22<sup>th</sup> April 2002.

  
MICHAEL B. PESCE, M.D.  
Managing Member

Sworn and subscribed before me this 22 day of April, 2002,  
by Oscar Johnson.

  
Notary Public - State of California

My Commission Expires: Aug 9, 2003



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

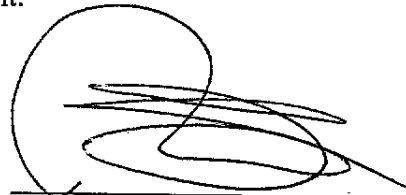
Under the provisions of F.S. 608.414 or 608.507, **SOUTH-EAST ANESTHESIA MANAGEMENT, LLC**, submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is **SOUTH-EAST ANESTHESIA MANAGEMENT, LLC**.

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

**THOMAS W. LAGER**, Attorney at Law  
2900 East Park Avenue, Suite B  
Tallahassee, FL 32301

The undersigned, being the person named in the articles of organization of **SOUTH-EAST ANESTHESIA MANAGEMENT, LLC** as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and 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 relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

A handwritten signature in black ink, appearing to read 'THOMAS W. LAGER', is written over a horizontal line.

**THOMAS W. LAGER**  
Registered Agent