



L02000019404

ACCOUNT NO. : 072100000032

REFERENCE : 686334 10233A

AUTHORIZATION :

Patricia Pizute

COST LIMIT : \$ 125.00

ORDER DATE : July 31, 2002

ORDER TIME : 11:08 AM

ORDER NO. : 686334-005

CUSTOMER NO: 10233A

CUSTOMER: Lawrence F. Michelson, Esq
Lawrence F. Michelson, Esq.

Suite 120
1550 Madruga Avenue
Miami, FL 33146

DOMESTIC FILING

NAME: OSCEOLA ANESTHESIA
ASSOCIATES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

FILED
02 JUL 31 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 JUL 31 AM 11:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF OSCEOLA ANESTHESIA ASSOCIATES, LLC

I, the undersigned, pursuant to the provisions of Section 608 of the Florida Statutes, do hereby execute these Articles of Organization and do certify to the following:

1. The name of the Limited Liability Company is:

OSCEOLA ANESTHESIA ASSOCIATES, LLC

2. The mailing address and the street address of the principal place of business shall be

8839 Bay Harbour Blvd.
Orlando, FL. 32836

3. The Limited Liability Company shall be a manager-managed company.

4. The name and street address of the initial Registered Agent of this Limited Liability Company in the State of Florida for service of process shall be:

LAWRENCE F. MICHELSON, ESQ.
1550 Madruga Avenue, #120
Coral Gables, Florida 33146

I hereby affirm under penalties of perjury that the facts stated herein are true and that I am signing this as the authorized representative of a member.

Authorized Representative



LAWRENCE F. MICHELSON

Date: July 30, 2002

CERTIFICATE FOR DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

That OSCEOLA ANESTHESIA ASSOCIATES, LLC, desiring to organize a Limited Liability Company under the laws of the State of Florida, has named LAWRENCE F. MICHELSON, ESQ., 1550 Madruga Avenue, #120 Coral Gables, Florida 33146 as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I, LAWRENCE F. MICHELSON, hereby accept appointment as registered agent, I am familiar with, and accept the obligations of that position as provided for in Section 608 of the Florida Statutes and I agree to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.


LAWRENCE F. MICHELSON