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Division of Corporations
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From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

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02 SEP 10 PM 3:35
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SURGERY CENTER ANESTHESIA, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
SURGERY CENTER ANESTHESIA, L.L.C.
a Florida Limited Liability Company**

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TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of this Limited Liability Company is SURGERY CENTER ANESTHESIA, L.L.C.
(the "Company").

**ARTICLE II
ADDRESS**

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

360 South Blanca Street
Tampa, FL 33606-3630

**ARTICLE III
DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLES OF ORGANIZATION OF SURGERY CENTER ANESTHESIA, L.L.C.

PAGE 1

Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #: H02000194418 8

Audit Fax#: H02000194418 8**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by its manager and the name and address of such manager is:

Devanand Mangar, M.D.
360 South Blanca Avenue
Tampa, FL 33606-3630

**ARTICLE V
ADMISSION OF NEW MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

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AUTHORIZED REPRESENTATIVE OF MEMBER
SURGERY CENTER ANESTHESIA, L.L.C.

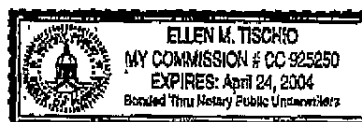

ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 10 day of September 2002, by ALAN S. GASSMAN, as Authorized Representative of SURGERY CENTER ANESTHESIA, L.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.


Notary Public, State of Florida
My Commission Expires:



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CLERK OF COUNTY OF PINELLAS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF SURGERY CENTER ANESTHESIA, L.L.C.

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ACCEPTANCE OF REGISTERED AGENT

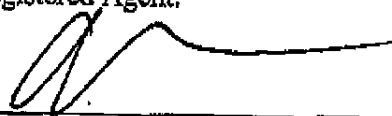
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: SURGERY CENTER ANESTHESIA, L.L.C.

The name and Florida street address of the Registered Agent are:

ALAN S. GASSMAN
1245 Court Street
Suite 102
Clearwater, FL 33756

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.


ALAN S. GASSMAN

(SEAL)

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:emt 9/10/02

ARTICLES OF ORGANIZATION OF SURGERY CENTER ANESTHESIA, L.L.C.

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