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AL

LIMITED LIABILITY COMPANY

Orlando Ophthalmology Anesthesia Service LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FAX AUDIT # 11020002293502

**ARTICLES OF ORGANIZATION
OF
Orlando Ophthalmology Anesthesia Service LLC**

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02 NOV 21 AM 8:32
STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be: **Orlando Ophthalmology Anesthesia Service LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 105 Bonnie Loch Court, Orlando, Florida 32806.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jeff Sapp, 105 Bonnie Loch Circle, Orlando, Florida 32806. Located in the County of Orange.

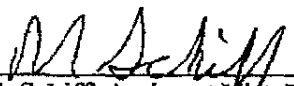
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Jeff Sapp, 105 Bonnie Loch Circle, Orlando, Florida 32806


Mark Schiff, Assistant Vice President
Business Filings Incorporated
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 11020002293502

FAX AUDIT # 11020002293502CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Orlando Ophthalmology Anesthesia
Service LLC**

The name and address of the registered agent and office is Jeff Sapp, 105 Bonnie Loch
Circle, Orlando, Florida 32806. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: _____

Jeff Sapp

Date: October 11, 2002

FAX AUDIT # 11020002293502FILED
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STATE OF FLORIDA
CLERK OF THE COURT