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From:

Account Name : MOORE & MENKHAUS, P.A.
Account Number : I20000000087
Phone : (561) 394-7910
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LIMITED LIABILITY COMPANY

OUTPATIENT ANESTHESIA SERVICES, LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: OUTPATIENT ANESTHESIA SERVICES, LLC

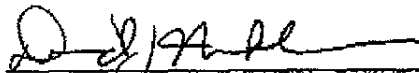
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1325 South Congress Avenue, Suite 211, Boynton Beach, FL 33426.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

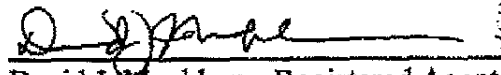
The name and the Florida street address of the registered agent are David J. Menkhaus, 2424 North Federal Highway, Suite 456, Boca Raton, FL 33431.

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 as provided for in Chapter 608, F.S..


(Signature)

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its three (3) managing members and is, therefore, a member-managed company.


David J. Menkhaus, Registered Agent

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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