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Lighthouse Anesthesiology Consultants South, PL

| Filing Evidence Plain/Confirmation C | Type of Document Copy ☐ Certificate of Status |
|--|--|
| □ Certified Copy | ☐ Certificate of Good Standing |
| | ☐ Articles Only |
| Retrieval Request Photocopy Certified Copy | ☐ All Charter Documents to Include Articles & Amendments ☐ Fictitious Name Certificate ☐ Other |
| NEW FILINGS | AMENDMENTS |
| Profit | Amendment |
| Non Profit | Resignation of RA Officer/Director |

| | OTHER FILINGS |
|----------|------------------|
| | Annual Reports |
| <u> </u> | Fictitious Name |
| | Name Reservation |
| | Reinstatement |

Limited Liability

Domestication

Other

| | REGISTRATION/QUALIFICATION |
|---|----------------------------|
| | Foreign |
| | Limited Liability |
| _ | Reinstatement |
| | Trademark |
| | Other |

Change of Registered Agent

Dissolution/Withdrawal

Merger

ARTICLES OF ORGANIZATION OF

LIGHTHOUSE ANESTHESIOLOGY CONSULTANTS SOUTH.

A PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization for the professional limited liability company hereby being formed in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby certify that:

FIRST: The name of the Limited Liability Company shall be Lighthouse Anesthesiology Consultants South, PL.

SECOND: The period of duration for the Limited Liability Company shall be perpenual.

THIRD: The Limited Liability Company is organized for the purpose of engaging in the practice of medicine and to take all actions that are necessary or proper in connection with such services.

FOURTH: The mailing address of the Limited Liability Company is P.O. Box 3012, St. Augustine, FL 32085 and the street address of the principal office of the Limited Liability Company is Flagler Hospital, 400 Health Park Boulevard, St. Augustine, FL 32086.

FIFTH: The street address of the initial registered office of the Limited Liability Company in Florida is 112 Lake Avenue, Orlando, FL 32801, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is James J. Flick.

SIXTH: The Limited Liability Company is to be managed by Managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a Member and acknowledged them to be my act this \(\frac{1}{2} \) day of March, 2004.

mes J. Flick

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CONSENT TO APPOINTMENT BY REGISTERED AGENT

Having been named as Registered Agent for Lighthouse Anesthesiology Consultants South, PL. I hereby voluntarily consent to serve as Registered Agent for Lighthouse Anesthesiology Consultants South, PL.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: March 11, 2004.

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