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2004 MAR 31 PM 4:15
TALLAHASSEE, FLORIDA
J. BRYAN CORPORATIONS

W04-11692
J. BRYAN MAR 24 2004

J. BRYAN APR - 5 2004



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 24, 2004

DAVID A. MONASH
WESTON ANESTHESIA
1071 WATERSIDE CIRCLE
WESTON, FL 33327

SUBJECT: WESTON ANESTHESIA
Ref. Number: W04000011692

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for WESTON ANESTHESIA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 804A00019455

RECEIVED
04 APR - 1 PM 12:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weston Anesthesia, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Monash
(Name of Person)

(Firm/Company)

1071 Waterside Circle
(Address)

Weston FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Monash at (954) 385-3423
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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2004 MAR 31 PM 4:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 MAR 31 PM 4:15
JULIEN INCORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: Weston Anesthesia, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1071 Waterside Circle
Weston, FL 33327

Same

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


The name and the Florida street address of the registered agent are:

David A. Monash
Name

1071 Waterside Circle
Florida street address (P.O. Box NOT acceptable)

Weston FLORIDA 33327
City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

David A. Monash MGR

1071 Waterside Circle
Weston FL 33327

Dawn A. Monash MGRM

1071 Waterside Circle
Weston FL 33321

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

David A. Monash
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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JUDICIAL DEPARTMENT
TALLAHASSEE, FLORIDA