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ALLE DATE OR ATIONS

WO4-11692 J. BRYAN MAR 2-4 2004

J. BRYAN APR - 5 2004



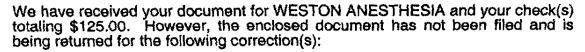
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 24, 2004

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

SUBJECT: WESTON ANESTHESIA

Ref. Number: W04000011692



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

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TRANSMITTAL LETTER

TO: Registration Section	2
Division of Corporations	Of the Co
SUBJECT: Weston Anesthesia L.LC. (Name of Limited Liability Company)	The state of the s
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	`%/o
(Name of Person)	4
(Name of 2 close)	
(Firm/Company)	
1071 Waterside Circle (Address)	
(Address)	
Meston Fl 3332)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Duit 1 March 904 205-3477	

STREET ADDRESS:

(Name of Person)

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

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

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

(
ć) -2)		
ARTICLES OF	FORGANIZATION FOR DEJABILITY COMPANY		
FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company	18: Weston Anesthesia. L. Lago		
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	Same		
Weston F/33327			
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	red Office, & Registered Agent's Signature: e registered agent are:		
David A. A.			
1071 Watern Le Co	P.O. Box NOT acceptable)		
W67+9~	FLORIDA 33317		

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..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	• •
ARTICLE IV- Manager(s) or Manag The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
David A Monaul MGR	Weston Fl 33327
Dawn A-Monash MGRM	Weston (2) 33321
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	_
	<u> </u>
Signature of a member or an a	uthorized representative of a member.
	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)
Typed or pr	inted 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)