

L04000025159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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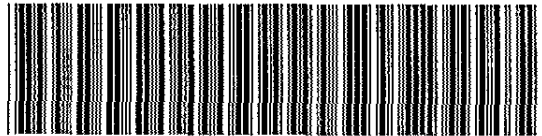
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

04 APR -2 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 APR -2 PM 2:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 541451 10463A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
04 APR - 2 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 2, 2004

ORDER TIME : 12:43 PM

ORDER NO. : 541451-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: FLORIDA AMBULATORY ANESTHESIA,
LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
FLORIDA AMBULATORY ANESTHESIA, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is FLORIDA AMBULATORY ANESTHESIA, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the DATE OF FILING of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 15761 Cedar Grove Lane, Wellington, FL 33414. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is ROBERT M. WEINBERGER, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 2nd day of April, 2004.


ROBERT M. WEINBERGER, Authorized Agent
For the Managing Member

04 APR -2 AM 8:01
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 2nd day of April, 2004, by ROBERT M. WEINBERGER, (who is personally known to me) or who has produced Florida State Driver's License Number _____ as identification and who did (x) or did not () take an oath.

Executed this 2nd day of April, 2004.



Signature of Notary

Printed Name: TANYA L. CARRUTHERS

My Commission Expires:

My Commission Number:



**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

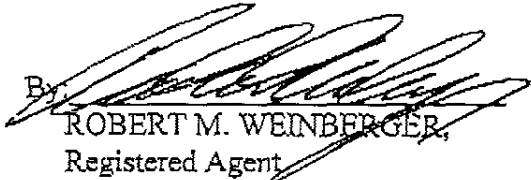
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

That **FLORIDA AMBULATORY ANESTHESIA, LLC**, a Florida Limited liability
company, with its office at 15761 Cedar Grove Lane, Wellington, Florida 33414, has named
ROBERT M. WEINBERGER, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408
as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated
limited liability company at the place designated in this Certificate, I hereby accept to act in such
capacity and agree to comply with the applicable provisions of law.

By


ROBERT M. WEINBERGER,
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 2nd day of April, 2004 by
ROBERT M. WEINBERGER, who is personally known to me or who has produced Florida
State Driver's License Number _____ as identification and who did (x)
or did not () take an oath.

Executed this 2nd day of April, 2004.


Signature of Notary

Printed Name: TANYA L. CARUTHERS

My Commission Expires:

My Commission Number:

LLCaruthersFlaAmbulatorySmithRMW.doc

LOCATION:15618423171

RX TIME



04/02 '04 11:34