

L040000 56097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

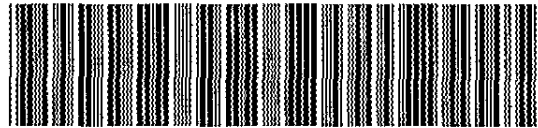
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1789, 2826, 671

Office Use Only

W04-21241



200037037312

05/27/04--01054--003 **125.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 JUL 29 AM 10:03

FILED

LAW OFFICES
MOSHER AND SCHNEIDER, P. A.
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE
WEST PALM BEACH, FLORIDA 33401
(561) 471-9000

EDGAR S. MOSHER
(1878-1939)
ESTHER MOSHER SCHNEIDER
(1906-1977)
GEORGE A. SCHNEIDER
(1906-1985)
JOHN C. SCHNEIDER

May 20, 2004

Re: SINE DOLORE ANESTHESIA, L.L.C.

Corporate Records Bureau
Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Via Federal Express

Gentlemen:

Enclosed are the following documents for the formation of the above-named limited liability company:

1. Articles of Organization (signed by the Registered Agent);
2. One copy of the Articles;
3. Draft for \$125.00 for filing the Articles; and the designation and acceptance of the registered agent;
4. Self-addressed return envelope.

Please arrange for the filing of the Articles of Organization and return the copy, and the acknowledgment of filing, in the enclosed self-addressed envelope.

Thank you in advance for your assistance and cooperation.

Very truly yours,

John C. Schneider

John C. Schneider

JCS/csm
Enclosures

FILED
JUL 29 AM 10:03
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
SINE DOLORE ANESTHESIA, L.L.C.

I, the undersigned authorized representative of the Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company (the "Company") is:

SINE DOLORE ANESTHESIA, L.L.C.

ARTICLE II - ADDRESS

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

c/o Mosher and Schneider, P.A.
1550 Clearlake Centre
250 Australian Avenue South
West Palm Beach, FL 33401

ARTICLE III - EFFECTIVE DATE AND DURATION

The effective date of the Company's existence is ^{upon the filing of these Articles.} ~~January 25, 2002.~~ The Company's existence shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the state of Florida are:

John C. Schneider, Esquire
Mosher and Schneider, P.A.
1550 Clearlake Centre
250 Australian Avenue South
West Palm Beach, FL 33401

FILED
04 JUL 29 10:03
TALLAHASSEE, FLORIDA

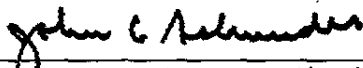
ARTICLE V - MANAGEMENT

The Company is to be managed by the member and is, therefore, a member-managed company.

ARTICLE VI - ADMISSION OF NEW MEMBERS

The Member shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, on May 20, 2004.

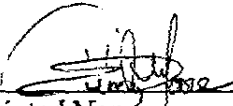

John C. Schneider, Authorized Representative
of the Member

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me on May 20, 2004, by John C. Schneider, who is personally known to me.



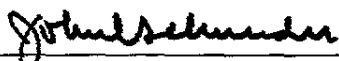
Cindy S. Moore
MY COMMISSION # DD247022 EXPIRES
September 3, 2007
BONDED THRU TROY FAIR INSURANCE, INC.


Printed Name _____
Notary Public - State of Florida
My Commission Expires _____

FILED
04 JUL 29 AM 10:03
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.


John C. Schneider, Registered Agent