

DEC-09-2004 12:13

ALAN S. GASSMAN, P.A.

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

JAYCO ANESTHESIA SERVICE, L.L.C.

Certificate of Status	0
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Page Count	012
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JAYCO ANESTHESIA SERVICE, L.L.C.

ARTICLE II - Address:

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

4411 Bee Ridge Road, #420
Sarasota, FL 34233

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

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

Alan S. Gassman
1245 Court Street, Suite 102
Clearwater, FL 33756

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, F.S.

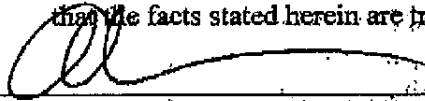


Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)



ALAN S. GASSMAN