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To:

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

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

LIMITED LIABILITY COMPANY

TWIN OAKS ANESTHESIA SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: TWIN OAKS ANESTHESIA SERVICES, L.L.C.

ARTICLE II - Address:

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

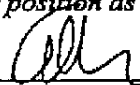
22634 Royal Ridge Court
Lutz, FL 33549

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
Name
1245 Court Street, Suite 102
Florida street address (P.O. Box NOT acceptable)
Clearwater, FL 33756
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, 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

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