

L05000122925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

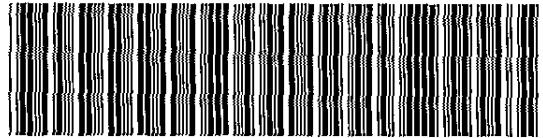
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GRAY|ROBINSON
ATTORNEYS AT LAW

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POST OFFICE BOX 11189 CLERMONT
TALLAHASSEE, FL 32302-3189 FORT LAUDERDALE
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TEL 850-577-9090 KEY WEST
FAX 850-222-3494 LAKELAND
FAX 850-577-3311
gray-robinson.com MELBOURNE

December 28, 2005

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Division of Corporations
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Circle West
Tallahassee, FL 32301

Via Hand Delivery

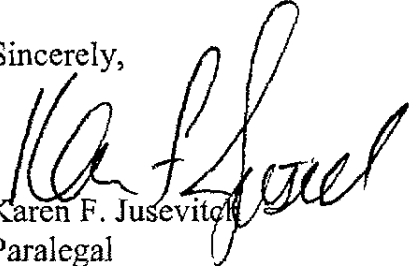
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and to obtain a **CERTIFIED COPY** for the following entity:

MIAMI ANESTHESIA, LLC

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely,


Karen F. Jusevitch
Paralegal

/kfj
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Miami Anesthesia, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6171 Mid Metro Dr. # 2, Ft. Myers, Florida 33905.

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

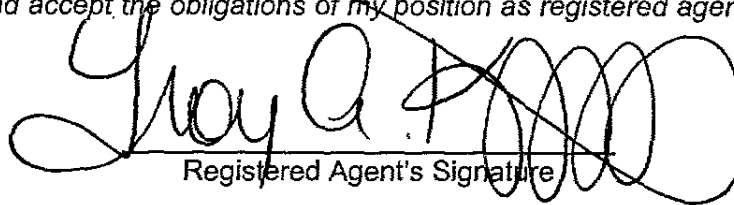
The name and the Florida street address of the registered agent are:

Troy A. Kishbaugh, Esq.
GrayRobinson, P.A.
301 East Pine Street, Suite 1400
Orlando, Florida 32801

EFFECTIVE DATE
1/1/06

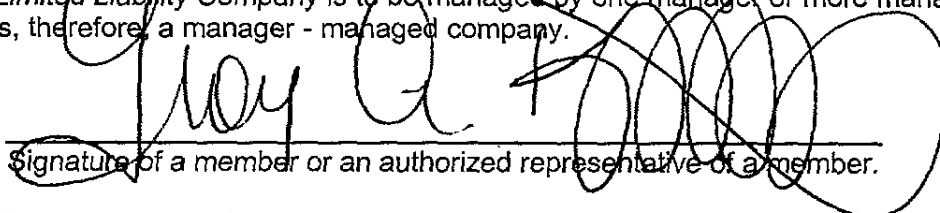
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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

Article IV - Management (Check box if applicable.)

- : The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


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.)

Troy A. Kishbaugh Esq., as authorized representative
Typed or printed name of signee

Article V - Effective Date:

The effective date of these Articles of Organization shall be January 1, 2006.

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)