

**LO6000015475**

Florida Department of State  
Division of Corporations  
Public Access System

(3)

Electronic Filing Cover Sheet

2/10

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000037733 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHEUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
Phone : (954) 527-2428  
Fax Number : (954) 333-4001

RECEIVED  
06 FEB 10 PM 3:58  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Nationwide Ambulatory Anesthesia Specialists, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$160.00 |

STATE  
TALLAHASSEE  
FLORIDA

06 FEB 10 AM 8:56

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H060000377333

**ARTICLES OF ORGANIZATION  
OF  
NATIONWIDE AMBULATORY ANESTHESIA SPECIALISTS, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is NATIONWIDE AMBULATORY ANESTHESIA SPECIALISTS, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 1635 Shellpoint Road, Crawfordville, Florida 32327.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Tom Johns at 1635 Shellpoint Road, Crawfordville, Florida 32327.

The undersigned has executed these Articles of Organization on the 10<sup>th</sup> day of February, 2006.

By: Tom Johns  
Tom Johns, Authorized Representative

FILED  
06 FEB 10 AM 8:56  
STATE  
TALLAHASSEE, FLORIDA

H06000037722 2

17060000377333

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: NATIONWIDE AMBULATORY ANESTHESIA SPECIALISTS, LLC.
2. The name and address of the registered agent and office is:

Tom Johns  
1635 Shellpoint Road  
Crawfordville, Florida 32327

*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 its 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.*

  
Tom Johns, Registered Agent

2/10/06  
Date

406000029022