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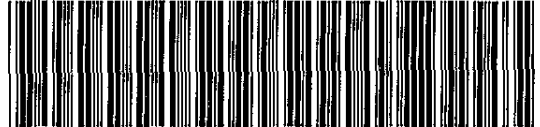
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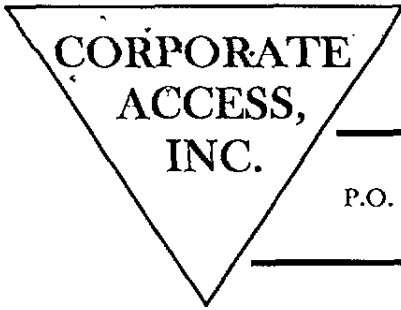
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1.

Anesthesia Business Solutions Realty,
(CORPORATE NAME AND DOCUMENT #)
L.L.C.

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION

OF

ANESTHESIA BUSINESS SOLUTIONS REALTY, L.L.C.

The undersigned, a member of the Limited Liability Company, being authorized to execute and file these Articles, executes and files with the Department of State these Articles of Organization and certifies as follows:

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is **ANESTHESIA BUSINESS SOLUTIONS REALTY, L.L.C.**

ARTICLE II - L.L.C. ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is: 5020 West Cypress Street, Suite 200, Tampa, Florida, 33607.

ARTICLE III - REGISTERED AGENT AND ADDRESS

The name and street address of the initial Registered Agent for service of process in the State of Florida is:

Robert E. Morris
5020 West Cypress Street
Suite 200
Tampa, Florida 33607

ARTICLE IV - PURPOSE

The purpose of the Limited Liability Company is to engage in real estate and realty investment ventures and to engage in any other lawful business(es) as permitted under the laws of the State of Florida or other state(s) of the United States.

IN WITNESS WHEREOF, the undersigned has set her hand and seal in Tampa, Hillsborough County, Florida, this 14 day of March, 2006.

MEMBER:
Anesthesia Business Solutions, Inc.

BY: Carol Katz
Carol Katz, President

The foregoing instrument was acknowledged before me this 14th day of March, 2006, by Carol Katz, as President of Anesthesia Business Solutions, Inc., a s a M e m b e r o f ANESTHESIA BUSINESS SOLUTIONS REALTY, L.L.C. She is personally known to me or has produced N/A as identification.

Debra A. Cole
Notary Public, State of Florida at Large

Expires: _____



Debra A. Cole
MY COMMISSION # DD113816 EXPIRES
August 16, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

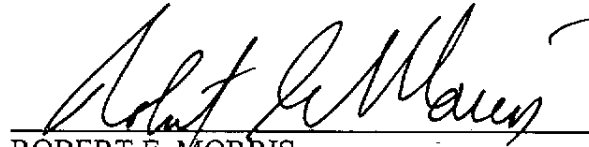
M y C o m m i s s i o n

(NOTARY SEAL)

ACCEPTANCE OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above-styled Limited Liability Company at the place designated herein, does

hereby accept the appointment as Registered Agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of duties; and the undersigned is familiar with and accepts the obligations of the position as Registered Agent as provided for in Chapter 608, Florida Statutes.

A handwritten signature in cursive script, appearing to read "Robert E. Morris", is written over a horizontal line.

ROBERT E. MORRIS
5020 West Cypress Street
Suite 200
Tampa, Florida 33607