

May 25, 2006 4:12PM

No. 1899 Pg. 1/4-1

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From:

Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ.  
Account Number : I20050000131  
Phone : (305)887-9060  
Fax Number : (305)888-3192

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LGS Anesthesia, PLLC**

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**Articles of Organization  
of**

**LGS ANESTHESIA, PLLC**

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a professional limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

**Article 1. Name of Limited Liability Company**

The name of this limited liability company is LGS ANESTHESIA, PLLC

**Article 2. Registered Office and Registered Agent**

The initial registered office address of this limited liability company and the name of its initial registered agent at this address are:

LISA SWIMM

11765 NW 2nd STREET

PLANTATION, FLORIDA 33325

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**Article 3. Statement of Purposes**

The purposes for which this limited liability company is organized are:

To engage in the lawful practice of medicine under the laws of the State of Florida.

**Article 4. Management and Names and Addresses of Initial Manager**

This will be a manager-managed company. The name and address of each manager is:

LISA SWIMM

11765 NW 2nd STREET

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PLANTATION, FLORIDA 33325

**Article 5. Principal Place of Business of the Limited Liability Company**

The principal place of business of the limited liability company shall be:

11765 NW 2nd STREET

PLANTATION, FLORIDA 33325

**Article 6. Period of Duration of the Limited Liability Company**


The period of duration of the limited liability company shall be:

"Perpetual"

**Article 7. Company Existence**

The Company's existence shall begin effective as of MAY 22, 2006.

The undersigned authorized representative of a member executed these Articles of Organization on 05/22/2006.

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The Law Offices of Max A. Adams, Esq.

By Max A. Adams, Esq., as attorney-in-fact

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**STATEMENT OF REGISTERED AGENT**

**LIMITED LIABILITY COMPANY:**

**LGS ANESTHESIA, PLLC**

**REGISTERED AGENT/OFFICE:**

**LISA SWIMM**

**11765 NW 2nd STREET**


**PLANTATION, FLORIDA 33325**

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I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.



**LISA SWIMM**

by Max A. Adams, Esq., as attorney-in-fact

Date: 05/22/2006