L06000119430

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City/	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iring Officer:

Office Use Only



000082027070

12/18/06--01001--018 **125.00

EPPENTIVE BATE

PECEIVED

DEPARTMENT OF STATE

DIVISION OF COMPORATIONS

2006 DEC 15 PM 2: 33

2006 DEC 15 PM 2: 33

OF DEC 15 PM 2: 33

OF DEC 15 PM 7: 4

FOR ACKNOWLEDGE

SUFFICIENCY OF FILING TALL ALL ACKNOWLEDGE

SUFFICIENCY OF FILING TALL ACKNOWLEDGE

SUFFICIENCY OF FILING TALL ALL ACKNOWLEDGE

SUFFICIENCY OF FILING TALL ACKNOWLEDGE

SUFFICIENCY OF STATE

SUFFICIENCY OF FILING TALL ACKNOWLEDGE

SUFFICIENCY OF STATE

SUFFICIEN



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

December 15, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

	Flori	Pediatric Anesthesia Associates, P.L.	. ,	
PLEASE STAMP EFFECTIVE DATE ON PAGE 1 OF FILING				
	Filing Evidence ⊠ Plain/Confirmation Co	Type of Document □ Certificate of Status □ Certificate of Good Standing		
	□ Certified Copy		7	
		□ Articles Only □ All Charter Documents to anclude		
	Retrieval Request	Articles & Amendments	er nætt	
	□ Photocopy	☐ Fictitious Name Certificate Fred TIV	7	
	☐ Certified Copy	□ Other		
	NEW FILINGS	AMENDMENTS		
	Profit	Amendment		
	Non Profit	Resignation of RA Officer/Director		
X	Limited Liability	Change of Registered Agent		
	Domestication	Dissolution/Withdrawal		
	Other	Merger		
	OTHER FILINGS	REGISTRATION/QUALIFICATION		
	Annual Reports	Foreign		
	Fictitious Name	Limited Liability		
	Name Reservation	Reinstatement		
	Reinstatement	Trademark		
		Other		

ARTICLES OF ORGANIZATION

OF

FLORIDA PEDIATRIC ANESTHESIA ASSOCIATES, P.L.

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Professional Limited Liability Company under Chapter 621, Florida Statutes. The following Articles of Organization are hereby adopted.

ARTICLE I.

The name of the Professional Limited Liability Company, sha be Florida Pediatric Anesthesia Associates, P.L.

ARTICLE II.
DURATION; EFFECTIVE DATE

This Professional Limited Liability Company shall exist perpetually, commencing as of January 1, 2007.

ARTICLE III. ADDRESS; PRINCIPAL OFFICE

The mailing address of the Professional Limited Liability Company and the street address of the principal office of the Limited Liability Company is 1033 Dr. Martin Luther King, Jr. Street North, Suite 108, St. Petersburg, Florida 33701.

ARTICLE IV. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Professional Limited Liability Company is 150 2nd Avenue North, Suite 1100, St. Petersburg, Florida 33701 and the name of its initial registered agent at such address is Joel D. Bronstein.

ARTICLE V. PURPOSE

This Professional Limited Liability Company is organized for the purpose of owning a partnership interest in Florida Pediatric Associates, LLP, a Florida limited liability partnership and to operate a group medical practice through Florida Pediatric Associates, LLP. This Professional Limited Liability Company shall engage in no other business.

ARTICLE VI RESTRICTIONS ON MEMBERSHIP; RIGHT TO ADMIT ADDITIONAL MEMBERS

Members must be licensed to practice medicine in the State of Florida. A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a person licensed to practice medicine in the State of Florida and only in accordance with the provisions of the Operating Agreement of this Professional Limited Liability Company.

The undersigned, being the Authorized Representative of one of the Members of the Professional Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of FLORIDA PEDIATRIC ANESTHESIA ASSOCIATES, P.L.

Executed by the undersigned on December 14, 2006.

AUTHORIZED REPRESENTATIVE OF A MEMBER

bel D.\Bronstein

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 621, Florida Statutes, I agree to act in the capacity of Registered Agent for FLORIDA PEDIATRIC ANESTHESIA ASSOCIATES, P.L. and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this | day of December, 2006.

D\ Bronstein