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COVER LÉTTER

TO: Registration Se Division of Co				
SUBJECT: National Anesthesia Consultants, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Janice I vi	nn Montelaro			
Janice Lynn Montelaro (Name of Person)				
National A	Anesthesia Consul	tants, LLC		
(Firm/Company)				
120 Penr	nsylvania Ave			
(Address)				
Palm Har	bor, FL 34683			
	(City/	State and Zip Code)		
For further information concerning this matter, please call:				
Janice Lynn Montelaro at (727) 647-0192				
	of Person)	(Area Code & Daytime To		
Enclosed is a check for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
i - i y ak	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	
	rodari (j. s. d			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
National Anesthesia Consultants, LLC	
(Must end with the words "Limited Liability Company, "I	cimited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
120 Pennsylvania Ave Palm Harbor, FL 34683	120 Pennsylvania Ave Palm Harbor, FL 34683
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t Janice Lynn Montelard	ETARY OF S HASSEE, FL
Florida stree	t address (P.O. Box NOT acceptable)
Palm Harbor	FL 34063
City, St	ate, and Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Janice Lynn Montelaro 120 Pennsylvania Ave Palm Harbor, FL 34683 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Janice Lynn Montelaro

that the facts stated herein are true.)

Typed or printed name of signee