

L06000/21679

Florida Department of State
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To:

Division of Corporations
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Account Name : EMPIRE CORPORATE KIT COMPANY
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SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
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southern coast anesthesia, p.l.

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

Southern Coast Anesthesia, P.L.

ARTICLE I

The name of the Limited Liability Company shall be:
Southern Coast Anesthesia, P.L.

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company : 1349 NW 80th Terrace, Plantation, Fl 33322.**

ARTICLE IV

The name and the Florida street address of the registered agent:
Scott Callen, 1349 NW 80th Terrace, Plantation, Fl 33322.

ARTICLE V

The name of the Managing Member(s) shall be:

MANAGING MEMBER
Scott Callen

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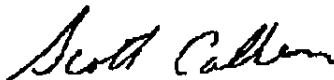
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED
OFFICE/ MEMBER/ REPRESENTATIVE**

Southern Coast Anesthesia, P.L.

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Scott Callen as Registered Agent



Signature of a member or an authorized representative of a member.

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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Scott Callen, as Managing Member

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