

L06000122612

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000300780 3)))



H060003007803ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
06 DEC 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : MCDONALD FLEMMING MOORHEAD
Account Number : I19990000132
Phone : (850) 477-0660
Fax Number : (850) 477-1730

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Anesthesia Associates of Pensacola, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	01 / 3
Estimated Charge	\$125.00

12/28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 27 AM 9:51

Electronic Filing Menu

Corporate Filing Menu

Help

((H06000300780 3)))

**Articles of Organization
of
Anesthesia Associates of Pensacola, P.L.**

The undersigned, as authorized representative of the members of this limited liability company formed under the Florida Professional Corporation and Limited Liability Company Act, adopt the following Articles of Organization for such professional limited liability company:

Article 1. Name

The name of the professional limited liability company is "Anesthesia Associates of Pensacola, P.L." (the "Company").

Article 2. Purposes

The specific purposes of the Company include the following:

1. To render professional medical services through its qualified personnel within the State of Florida and elsewhere as permitted by applicable law;
2. To negotiate on behalf of the members of the Company that will provide anesthesiology services to hospitals terms for such arrangements including compensation, scheduling, benefits, and other related matters;
3. To negotiate managed care contracts on behalf of the members of the Company that will provide anesthesiology services pursuant to such managed care contracts;
4. To recruit persons qualified to perform anesthesia services in the State of Florida to become members of the Company;
5. To develop systems and protocols for division of compensation paid with respect to anesthesia services rendered by members of the Company;
6. To communicate opportunities to the members of the Company and coordinate their attendance at continuing medical education seminars as required by the State of Florida; and
7. To engage in any other activity or business permitted under the laws of the United States and the State of Florida.

Article 3. Principal Office

The mailing and street address of the Company's principal office is 900 North 12th Avenue, Pensacola, Florida 32501.

Article 4. Registered Agent and Address

The name and street address of the Company's initial registered agent for service of process is set forth below:

William A. Bond, Esq.
25 W. Government Street
Pensacola, Florida 32502

((H06000300780 3)))

06 DEC 27 AM 9:51

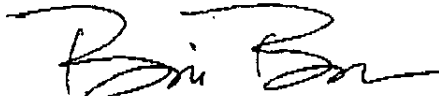
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(((H06000300780 3)))

Article 5. Management

The Company will be manager managed. No member of the Company shall be an agent of the Company solely by virtue of being a member.

Dated: DECEMBER 27, 2006.



William A. Bond, as authorized representative for the members

Acceptance by Registered Agent

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, 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 duties and obligations of my position as registered agent.

Dated DECEMBER 27, 2006.



Registered Agent Signature

BILL BOND

Printed name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 27 AM 9:51

(((H06000300780 3)))