

L07000023441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500088205945

RECEIVED  
07 MAR -2 AM 8:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 MAR -2 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783335 11405A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
07 MAR - 2 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 1, 2007

ORDER TIME : 5:15 PM

ORDER NO. : 783335-005

CUSTOMER NO: 11405A

DOMESTIC FILING

NAME: ANESTHESIA CONSULTANTS OF  
CENTRAL FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, LLC  
A Florida Limited Liability Company**

**FILED**  
07 MAR -2 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be **Anesthesia Consultants of Central Florida, LLC.**

**ARTICLE II  
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III  
Mailing Address**

The mailing address of the principal office of this Company is 2400 Dundee Road, Winter Haven, FL 33881. The street address of the principal office of this Company is 2400 Dundee Road, Winter Haven, FL 33881.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: Jorge R. Villarreal, 120 Wyndham Drive, Winter Haven, FL 33884.

**ARTICLE V  
Management**

The Company is to be a member-managed company.

**ARTICLE VI**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 28<sup>th</sup> day of February, 2007.

  
Jorge R. Villarreal

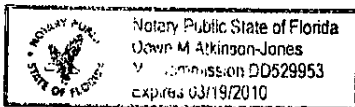
STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of February, 2007, by **Jorge R. Villarreal**. He is personally known to me or produced his current drivers' license as identification.

(SEAL)

  
NOTARY PUBLIC  
Dawn M. Atkinson-Jones  
Print Name of Notary

My commission expires:



**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent for Anesthesia Consultants of Central Florida, LLC and to accept service of process for the company, 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 in Chapter 608, Florida Statutes.

  
Jorge R. Villarreal

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of February, 2007, by Jorge R. Villarreal, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)

  
NOTARY PUBLIC

Dawn M Atkinson-Jones  
Print Name of Notary

My Commission Expires:

