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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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June 4, 2007

Registration Section
Division of Corporations
Florida Secretary of State
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: South Tampa Anesthesia Services, LLC

Dear Secretary of State:

Enclosed for filing are **two (2) originals** of the Articles of Organization of South Tampa Anesthesia Services, LLC and Statement of Registered Agent and Registered Office.

Also enclosed is check number 6032 in the amount of \$155.00, representing your filing fee of \$125.00 and \$30.00 for a certified copy. Please return the certified copy of the Articles of Organization to the undersigned in the stamped self-addressed envelope enclosed for your convenience.

If you have any questions, please feel free to call.

Very truly yours


Victoria J. Alvarez

VJA:dm
Enclosures
cc: Paula Schulak, Manager (w/ enc)

ARTICLES OF ORGANIZATION
OF
SOUTH TAMPA ANESTHESIA SERVICES, LLC

The undersigned hereby certifies that the members named herein have associated together for the purpose of becoming a Limited Liability Company under Chapter 608, Florida Statutes (the Florida Limited Liability Company Act), providing for the formation, rights, privileges and immunities of limited liability companies for profit and the following Articles of Organization are hereby adopted.

ARTICLE I.
NAME

The name of the limited liability company (the "Company") shall be **SOUTH TAMPA ANESTHESIA SERVICES, LLC.**

ARTICLE II.
MAILING AND STREET ADDRESS

The mailing address and street address of the Company is **3615 San Pedro Street, Tampa, Florida 33629.**

ARTICLE III.
DURATION; EFFECTIVE DATE

In accordance with Section 608.409, Florida Statutes, the existence of this Company shall commence upon the filing of these Articles of Organization by the Department of State. The existence of this Company thereafter shall be perpetual.

ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Company is **3615 San Pedro Street, Tampa, Florida 33629**, and the name of its initial registered agent at such address is **PAULA SCHULAK.**

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**ARTICLE V.
PURPOSE**

This Company is organized for the purpose or purposes of engaging in any activity within the purposes for which a limited liability company may be formed under the Florida Limited Liability Company Act, including matters incidental or pertaining to, or connected with, such purposes, provided the same shall not be inconsistent with the laws of the State of Florida.

**ARTICLE VI.
MANAGEMENT**

This Company is to be managed by a manager(s).

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 4th day of June, 2007.

By: _____

VICTORIA J. ALVAREZ,
Authorized Representative

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TALLAHASSEE, FLORIDA

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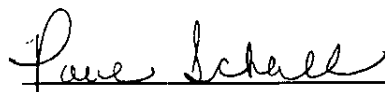
STATEMENT OF
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, **SOUTH TAMPA ANESTHESIA SERVICES, LLC**, a limited liability company organized under the laws of the State of Florida, submits the following statement to designate its Registered Agent and Registered Office in the State of Florida.

The name and address of the Registered Agent and Registered Office are:

PAULA SCHULAK
3615 San Pedro Street
Tampa, Florida 33629

Having been named as Registered Agent and to accept service process for **SOUTH TAMPA ANESTHESIA SERVICES, LLC** in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I am familiar with and accept the obligations of my position as Registered Agent. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent.



PAULA SCHULAK

Date: June 4th, 2007

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TALLAHASSEE, FLORIDA