

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000126692
FILED 8:00 AM
December 21, 2007
Sec. Of State
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Article I

The name of the Limited Liability Company is:

FLORIDA WEST COAST ANESTHESIA ASSOCIATES, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:

16605 MEADOW GROVE STREET
TAMPA, FL. US 33624

The mailing address of the Limited Liability Company is:

16605 MEADOW GROVE STREET
TAMPA,, FL. US 33624

Article III

The purpose for which this Limited Liability Company is organized is:

FOR THE PROVISION OF LICENSED NURSE ANESTHETIST SERVICES.

Article IV

The name and Florida street address of the registered agent is:

DILIP PATEL, PA
140 N. PINE AVENUE
OLDSMAR, FL. 34677

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.

Registered Agent Signature: DILIP PATEL

Article V

The name and address of managing members/managers are:

Title: MGRM
COURTNEY SMITH
16605 MEADOW GROVE ST.
TAMPA, FL. 33624

Title: MGRM
MICHELE MARANT
111 S. DELAWARE AVE #4
TAMPA, FL. 33606

Title: MGRM
HEATHER NEWMAN
2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL. 33544

Signature of member or an authorized representative of a member

Signature: COURTNEY SMITH

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