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(City/State/Zip/Phone #)

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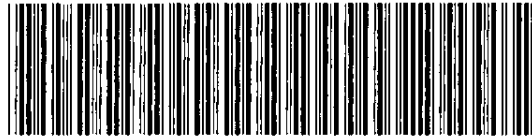
(Business Entity Name)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

B. KOHR

JAN 14 2008

EXAMINER



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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

GCAP I, P.L.

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Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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ARTICLES OF ORGANIZATION
OF
GCAP I, P.L.

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Professional Limited Liability Company under Chapter 621, Florida Statutes. The following Articles of Organization are hereby adopted.

ARTICLE I.
NAME

The name of the Professional Limited Liability Company shall be GCAP I, P.L.

ARTICLE II.
DURATION; EFFECTIVE DATE

This Professional Limited Liability Company shall exist perpetually commencing as of January 9, 2008.

ARTICLE III.
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Professional Limited Liability Company and the street address of the principal office of the Limited Liability Company is 5225 Central Avenue, St. Petersburg, Florida 33710.

ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Professional Limited Liability Company is 150 2nd Avenue North, Suite 1100, St. Petersburg, Florida 33701 and the name of its initial registered agent at such address is Thomas B. Smith.

ARTICLE V.
PURPOSE

This Professional Limited Liability Company is organized for the purpose of owning a partnership interest in Gulfcoast Anesthesia Partners, LLP, a Florida limited liability partnership and to operate a group medical practice through Gulfcoast Anesthesia Partners, LLP. This Professional Limited Liability Company shall engage in no other business.


ARTICLE VI
RESTRICTIONS ON MEMBERSHIP;
RIGHT TO ADMIT ADDITIONAL MEMBERS

Members must be licensed to practice medicine in the State of Florida. A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a person licensed to practice medicine in the State of Florida and only in accordance with the provisions of the Operating Agreement of this Professional Limited Liability Company.

The undersigned, being the Authorized Representative of one of the Members of the Professional Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of GCAP I, P.L.

Executed by the undersigned on January 11, 2008.

AUTHORIZED REPRESENTATIVE OF A MEMBER



Thomas B. Smith

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 621, Florida Statutes, I agree to act in the capacity of Registered Agent for GCAP I, P.L. and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 11th day of January, 2008.



Thomas B. Smith