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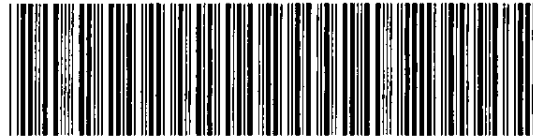
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January 14, 2008

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

GCAP II, P.L.

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ 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

| NEW FILINGS |                   |
|-------------|-------------------|
|             | Profit            |
|             | Non Profit        |
| X           | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |                                    |
|------------|------------------------------------|
|            | Amendment                          |
|            | Resignation of RA Officer/Director |
|            | Change of Registered Agent         |
|            | Dissolution/Withdrawal             |
|            | Merger                             |

| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Reports   |
|               | Fictitious Name  |
|               | Name Reservation |
|               | Reinstatement    |

| REGISTRATION/QUALIFICATION |                   |
|----------------------------|-------------------|
|                            | Foreign           |
|                            | Limited Liability |
|                            | Reinstatement     |
|                            | Trademark         |
|                            | Other             |

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ARTICLES OF ORGANIZATION  
OF  
GCAP II, 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 II, 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 2<sup>nd</sup> 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 II, 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 II, 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 11<sup>th</sup> day of January, 2008.

  
\_\_\_\_\_  
Thomas B. Smith