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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ANESTHESIA SERVICE PROVIDERS, LLC

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J. BRYAN

FEB 25 2008

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
ANESTHESIA SERVICE PROVIDERS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
1936 MICHIGAN AVE. NE
ST. PETERSBURG, FLORIDA 33703

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ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CATHERINE DEVITO
1936 MICHIGAN AVE. NE
ST. PETERSBURG, FLORIDA 33703

Having been named as registered agent 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 as provided for in Chapter 608, F.S..

x Catherine Devito
CATHERINE DEVITO / Registered Agent's signature

H08000046467 3

PAGE 2 ANESTHESIA SERVICE PROVIDERS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

CATHERINE DEVITO

1936 MICHIGAN AVE. NE
ST. PETERSBURG, FLORIDA 33703

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x Catherine Devito

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CATHERINE DEVITO