Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name , HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100

Fax Number (239)344-1200

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ANESTHESIA SPECIALISTS, LLC

Certificate of Status	0
Certified Copy	1
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July 16, 2008

HENDERSON, FRANKLIN, STARNES

SUBJECT: ANESTHESIA SPECIALISTS, LLC

REF: W08000033484

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbir.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Nevsa Culligan

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FAX AUDIT NO.: H080001731713

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION OF OUTPATIENT ANESTHESIA SPECIALISTS, LLC

ARTICLE I NAME

The name of the limited liability company shall be Outpatient Anesthesia Specialists, LLC, (the "Company").

ARTICLE II ADDRESS; PRINCIPAL OFFICE

The mailing and street address of the principal office of the Company is: 7152 Coca Sabal Lane, Fort Myers, Florida 33908.

ARTICLE III REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the registered agent of the Company are: James W. Penuel, Jr., M.D. 7152 Coca Sabal Lane, Fort Myers, Florida 33908.

ARTICLE IV DURATION

The Company's existence shall commence as of the date these Articles of Organization are filed with the Florida Department of State, and shall continue in effect until it is dissolved upon the occurrence of an event of dissolution described in the Operating Agreement of the Company.

ARTICLE V PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI OPERATING AGREEMENT

The Members of the Company shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company which may contain any provisions for the regulation and

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management of the affairs of the Company that are not inconsistent with applicable law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned, being an Authorized Representative of the Company, has caused these Articles of Organization to be executed as of this ________ day of ________, 2008.

Representative

James W. Penuer,

Jr., M.D., Authorized

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Outpatient Anesthesia Specialists, LLC
 - 2. The name and address of the registered agent and office are:

James W. Penuel, Jr., M.D. 7152 Coca Sabal Lane Fort Myers, Florida 33908

Having been named as registered agent and to accept service of process for the above stated professional 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.

James W. Penuel, Jr., M.D., Registered Agent

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