

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHERIDAN HEALTHCORP, INC.  
Account Number : I200000000045  
Phone : (954) 838-2785  
Fax Number : (954) 851-1780

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: charlene.anderson@shcr.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COASTAL ANESTHESIOLOGY CONSULTANTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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15 AUG -3 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION  
OF  
COASTAL ANESTHESIOLOGY CONSULTANTS, LLC**

Coastal Anesthesiology Consultants, LLC, a Florida limited liability company formed on August 13, 2008 (the "Company") hereby amends and restates its Articles of Organization in accordance with Florida Statutes 605.0202:

**ARTICLE I - NAME**

The name of this limited liability company is Coastal Anesthesiology Consultants, LLC (the "Company").

**ARTICLE II - DURATION**

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

**ARTICLE III - PURPOSE**

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

**ARTICLE IV - PRINCIPAL OFFICE ADDRESS**

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - REGISTERED AGENT  
AND REGISTERED OFFICE**

The mailing and street address of the registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the registered agent at that address is Jillian Marcus.

**ARTICLE VI - MEMBERSHIP**

The Company will have a sole Member that will hold all of the units and interests of the Company.

**ARTICLE VII - MANAGEMENT**

The Company shall be a manager managed organization. The day-to-day business and affairs of the Company shall be managed under the direction of a Board of Managers authorized by the sole Member. The number of Managers may be either increased or decreased from time to time as provided in the Company's Operating Agreement. The names and addresses of the Managers of this Company are:

08-03-15:01:59PM;

# 3/ 4  
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Robert Coward  
1613 North Harrison Parkway, Suite 200  
Sunrise, FL 33323

Claire Gulmi  
1A Burton Hills Blvd  
Nashville, TN 37215

**ARTICLE VIII – AUTHORIZED REPRESENTATIVE**

The name and address of the authorized representative signing these Amended and Restated Articles of Organization on behalf of the Company is:

Jillian Marcus  
1613 North Harrison Parkway, Suite 200  
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 3<sup>rd</sup> day of July, 2015.

  
\_\_\_\_\_  
Jillian Marcus, Authorized Representative

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15 AUG -3 AM 9:23  
COUNTY OF STATE  
PALM BEACH, FLORIDA

**CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

That Coastal Anesthesiology Consultants, LLC (the "Company"), desiring to amend and restate their Articles of Organization under the laws of the State of Florida, has named Jillian Marcus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway  
Suite 200  
Sunrise, FL 33323

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 605, Florida Statutes.

Dated this 31<sup>st</sup> day of July, 2015.

  
Jillian Marcus, Registered Agent

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