

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000112501
FILED 8:00 AM
December 09, 2008
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
S HARIKRISHNAN ANESTHESIA SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
542 RIMINI VISTA WAY
SUN CITY CENTER, FL. US 33573

The mailing address of the Limited Liability Company is:
542 RIMINI VISTA WAY
SUN CITY CENTER, FL. US 33573

Article III

The purpose for which this Limited Liability Company is organized is:
PRACTICE OF MEDICINE AND SPECIALTY OF ANESTHESIOLOGY

Article IV

The name and Florida street address of the registered agent is:
SUNDARAM HARIKRISHNAN
542 RIMINI VISTA WAY
SUN CITY CENTER, FL. 33573

Having been named as registered agent and 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.

Registered Agent Signature: SUNDARAM HARIKRISHNAN

Article V

The name and address of managing members/managers are:

Title: MGRM
SUNDARAM HARIKRISHNAN
542 RIMINI VISTA WAY
SUN CITY CENTER, FL. 33573 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/01/2009

Signature of member or an authorized representative of a member

Signature: MICHAEL W ROSENBERG