

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

L09000025047  
FILED 8:00 AM  
March 13, 2009  
Sec. Of State  
shawkes

**Article I**

The name of the Limited Liability Company is:

GASTROENTEROLOGY ANESTHESIA SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

623 MAITLAND AVENUE  
2200  
ALTAMONTE SPRINGS, FL. 32701

The mailing address of the Limited Liability Company is:

623 MAITLAND AVENUE  
2200  
ALTAMONTE SPRINGS, FL. 32701

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

BARRY R KATZ  
623 MAITLAND AVENUE  
2200  
ALTAMONTE SPRINGS, FL. 32701

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: BARRY R. KATZ

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
DAVID L LEBIODA  
623 MAITLAND AVE., SUITE 2200  
ALTAMONTE SPRINGS, FL. 32701

Title: MGRM  
RICHARD J STRAKER  
623 MAITLAND AVE., SUITE 2200  
ALTAMONTE SPRINGS, FL. 32701

Title: MGRM  
BARRY R KATZ  
623 MAITLAND AVE., SUITE 2200  
ALTAMONTE SPRINGS, FL. 32701

Title: MGRM  
HARRY H SHEPHARD  
623 MAITLAND AVE., SUITE 2200  
ALTAMONTE SPRINGS, FL. 32701

Title: MGRM  
RAAJ K POPLI  
623 MAITLAND AVE., SUITE 2200  
ALTAMONTE SPRINGS, FL. 32701

Title: MGRM  
SANJAY K REDDY  
623 MAITLAND AVE., SUITE 2200  
ALTAMONTE SPRINGS, FL. 32701

## **Article VI**

The effective date for this Limited Liability Company shall be:

03/13/2009

Signature of member or an authorized representative of a member

Signature: BARRY R. KATZ

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