

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

L09000034290  
FILED 8:00 AM  
April 08, 2009  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

NORTH NAPLES ANESTHESIA, LLC

**Article II**

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

1005 CROSSPOINTE DR #2  
NAPLES, FL. 34110

The mailing address of the Limited Liability Company is:

1005 CROSSPOINTE DR #2  
NAPLES, FL. 34110

**Article III**

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

TO PROVIDE ANESTHESIA TO PATIENTS

**Article IV**

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

STEPHEN PASCUCCI  
1005 CROSSPOINTE DR #2  
NAPLES, FL. 34110

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: STEPHEN PASCUCCI

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
STEPHEN PASCUCI, MD  
1005 CROSSPOINTE DR.  
NAPLES, FL. 34110 US

Title: MGRM  
GEORGE B FISHER, DO III  
875 105 AVENUE NORTH  
NAPLES, FL. 34110 US

Title: MGRM  
JEFFREY ZIMM, MD  
1435 IMMOKALEE ROAD  
NAPLES, FL. 34110 US

Title: MGRM  
AAWAK II, LLC  
11181 HEALTH PARK BLVD. #1115  
NAPLES, FL. 34108 US

Title: MGRM  
STEPHEN SMITH, MD  
4225 EVANS AVE.  
FORT MYERS, FL. 33907 US

## **Article VI**

The effective date for this Limited Liability Company shall be:

04/08/2009

Signature of member or an authorized representative of a member

Signature: CAROL STADNYK

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