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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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(Business Entity Name)

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(Document Number)

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**2009 APR 20 AM 10:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**  
**APR 21 2009**  
**EXAMINER**

**KEVIN I. DOWNEY**

ATTORNEY AT LAW

2631 N.W. 41st STREET, SUITE B-2  
GAINESVILLE, FLORIDA 32606

(352) 373 - 4554  
Fax: (352) 338-1229

April 6, 2009

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida, 32314

Re: Lake City Outpatient Anesthesia, PLLC

Gentlemen:

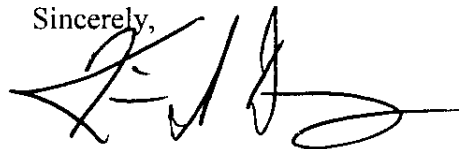
I am enclosing herewith an original and a copy of the Articles of Organization for the above named limited liability company. In addition, a check in the sum of \$155.00 is enclosed which represents the following fees:

Filing Fee	\$125.00
Certified Copy	<u>\$ 30.00</u>
Total	<u>\$155.00</u>

Please file the original of the enclosed Articles of Organization and return a certified copy to the undersigned.

Your prompt attention to this matter is appreciated.

Sincerely,



Kevin I. Downey

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2009

KEVIN I. DOWNERY  
2631 NW 41ST STREET  
SUITE B-2  
GAINESVILLE, FL 32606

SUBJECT: LAKE CITY OUTPATIENT ANESTHESIA, PLLC  
Ref. Number: W09000017158

We have received your document for LAKE CITY OUTPATIENT ANESTHESIA, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 009A00012281

**KEVIN I. DOWNEY**

ATTORNEY AT LAW

2631 N.W. 41st STREET, SUITE B-2  
GAINESVILLE, FLORIDA 32606

(352) 373 - 4554  
Fax: (352) 338-1229

April 16, 2009

Carolyn Lewis  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida, 32314

Re: Lake City Outpatient Anesthesia, PLLC  
Ref: Number: W09000017158

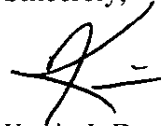
Dear Ms. Lewis:

Per your letter of April 13, 2009 (copy attached), enclosed are an original and one copy of the Articles of Organization for the above corporation, now reflecting my signed acceptance as registered agent for this PLLC.

Please contact my office with any further questions.

Otherwise, thank you for your timely assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'K. Downey', with a horizontal line extending from the end.

Kevin I. Downey

Enclosures

ARTICLES OF ORGANIZATION

OF

FILED

Lake City Outpatient Anesthesia, PLLC 2009 APR 20 AM 10: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned person, acting hereby as Organizer for the purpose of forming a professional limited liability company under the Florida Statutes, Chapter 608 and Chapter 621, hereby executes the following Articles of Organization.

**I NAME.** The name of the professional limited liability company shall be: **Lake City Outpatient Anesthesia, PLLC** ("Company").

**II ADDRESS.** The mailing address and street address of the principal office of the Company shall be 4355 NW American Lane, Suite 1, Lake City, Florida 32055.

**III DURATION.** The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is dissolved as provided in these Articles of Organization.

**IV REGISTERED OFFICE AND AGENT.** The name of the registered agent of the Company in the State of Florida is Kevin I. Downey and the street address of the registered office of the Company is 2631-B NW 41<sup>st</sup> Street, Gainesville, Florida 32606.

**V MEMBERSHIP.** None of the membership units of the professional limited liability company may be issued to anyone other than an individual licensed to provide professional medical services as a physician in the State of Florida.

**VI CAPITAL CONTRIBUTIONS.** The members of the Company shall contribute to the capital of the Company in cash or property. Each member shall make additional capital contributions to the Company only upon the unanimous consent of all the members.

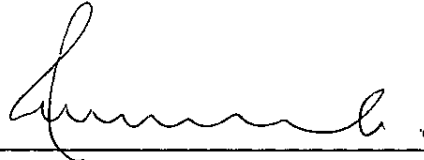
**VII ADMISSION OF NEW MEMBERS.** No additional members shall be admitted to the Company without the written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company, other than the member proposing to dispose of his or her interest, approves of the proposed transfer by written consent.

**VIII TERMINATION OF EXISTENCE.** The Company shall be dissolved upon the death, bankruptcy, or dissolution of a member or manager, or upon the occurrence of any other event that terminates the continued membership of a member in the Company. However, the business of the Company may be continued by the consent of all the remaining members.

**IX MANAGEMENT.** The Company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the

Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

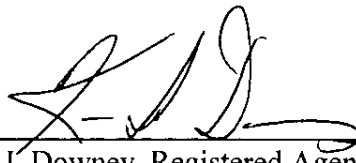
**IN WITNESS WHEREOF**, the undersigned organizer has executed these Articles of Organization on this 21<sup>st</sup> day of March, 2009.



Rizwana Thanawala, M.D., Organizer

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the foregoing Articles of Organization, 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.

Dated: April 16, 2009.



Kevin I. Downey, Registered Agent

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TALLAHASSEE, FLORIDA