

L090000070507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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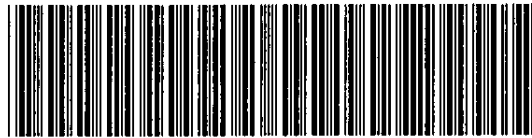
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 JUL 22 PM 4:49

SECRETARY OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUL 22 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 23 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 07/22/09

**REF. #:** 000447.107815

**CORP. NAME:** GREATER FLORIDA ANESTHESIOLOGISTS, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 531065 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
GREATER FLORIDA ANESTHESIOLOGISTS, LLC**

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TALLAHASSEE, FLORIDA

1. Name. The name of this limited liability company is **GREATER FLORIDA ANESTHESIOLOGISTS, LLC**, a Florida limited liability company (the "Company").

2. Duration. The Company shall be effective on **July 22, 2009** and shall thereafter have perpetual existence.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Business. The mailing and street address of the Company's principal office is 300 Jeffords Street, Suite B, Clearwater, Florida 33756.

5. Registered Agent and Office. The name of the initial registered agent of the Company is CorpDirect Agents, Inc. The street address of the initial registered agent of the Company is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

6. Contributions to the Company. No cash or property (other than cash) has been contributed to the Company by its members at this time. No contributions have been agreed upon.

7. Additional Members. Additional members to the Company may be admitted, but only upon the consent of the members of the Company at the time admission is sought.

8. Termination of Membership. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be dissolved unless all remaining members agree in writing to continue the business of the Company.

9. Management of the Company. The Company shall be managed in accordance with the operating agreement adopted by all of the members. Until and unless changed by the operating agreement, the Company shall have the following officers: Scott Mantell, President and CEO, and Richard Gianetti, M.D., Vice President, each of whom shall have full power and authority to act for and on behalf of the Company, including, without limitation, to enter into contracts, open and close bank accounts, incur and pay debts and expenses, file papers with the Internal Revenue Service, and engage professionals and other advisors, and all persons may rely on these Articles of Organization to deal directly with these named individuals on all matters relating to the Company.

The undersigned executed these Articles of Organization on the 22<sup>nd</sup> day of July, 2009.



By: \_\_\_\_\_

Joseph Rugg  
Authorized Representative

**800-388-2123**

**ACCEPTANCE OF REGISTERED AGENT DESIGNATION FOR:  
GREATER FLORIDA ANESTHESIOLOGISTS, LLC**

Having been named as registered agent and to accept service of process for the aforementioned entity 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 provision 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.

CorpDirect Agents, Inc.

A handwritten signature in black ink, appearing to read 'Kevin R. Roberts', is written over a horizontal line.

By:  
Its Agent: Kevin R. Roberts