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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**DELRAY ANESTHESIA SERVICES, LLC**

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ARTICLES OF ORGANIZATION  
OF  
DELRAY ANESTHESIA SERVICES, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Delray Anesthesia Services, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 4675 Linton Blvd., Suite 102, Delray Beach, FL 33445.

ARTICLE III - REGISTERED AGENT

The name of the registered agent of the Company in the State of Florida is David J. Menkhaus, and his address is 1900 Glades Road, Suite 401, Boca Raton, FL 33431.

ARTICLE IV - MANAGEMENT BY MANAGERS

The Company is to be managed by one or more Managers, and is, therefore, a manager-managed limited liability company.

IN WITNESS WHEREOF, the undersigned authorized representative of the Company has made, subscribed and affirmed these Articles of Organization under the penalties of perjury that the facts stated herein are true.

  
David J. Menkhaus, Authorized Representative

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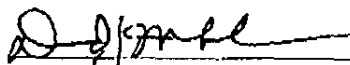
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT  
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned submits the following statement to accept the designation of registered office and agent in the State of Florida set forth in Article III of the foregoing Articles of Organization.

1. The name of the limited liability company is Delray Anesthesia Services, L.L.C.
2. The name of the registered agent in the State of Florida is David J. Menkhaus, an individual.
3. The address of the registered agent in the State of Florida is 1900 Glades Road, Suite 401, Boca Raton, FL 33431.

THE UNDERSIGNED HEREBY accepts his appointment as Registered Agent of the aforesaid Limited Liability Company. I am familiar with, and accept the obligations of, Section 608.415 of the Florida Statutes.

  
\_\_\_\_\_  
David J. Menkhaus

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