Electronic Articles of Organization
For
Florida Limited Liability Company

L09000108575
FILED 8:00 AM
November 10, 2009
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:

FLORIDA ANESTHESIA, LLC

Article II

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

2757 VIA CIPRIANI
1115A
CLEARWATER, FL. US 33764

The mailing address of the Limited Liability Company is:

P.O. BOX 5092
CLEARWATER, FL. US 33758

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:

LIMITED AGENT SERVICES, LLC
150 SE 2ND AVE
SUITE 901
MIAMI, FL. 33131

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: STEFANIE BLACK LEWIS

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Article V

The name and address of managing members/managers are:

Title: MGRM
PETER C HOROWITZ M.D.
P.O. BOX 5092
CLEARWATER, FL. 33758 US

Article VI

The effective date for this Limited Liability Company shall be:

11/03/2009

Signature of member or an authorized representative of a member

Signature: STEFANIE BLACK LEWIS