

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

L09000119126  
FILED 8:00 AM  
December 15, 2009  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
BROWARD ANESTHESIA ASSOCIATES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5665 NEW NORTHSIDE DRIVE  
SUITE 320  
ATLANTA, GA. 30328

The mailing address of the Limited Liability Company is:  
5665 NEW NORTHSIDE DRIVE  
SUITE 320  
ATLANTA, GA. 30328

**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:  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL. 33324

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: JENNIFER F. AULTMAN

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
APOLLOMD BUSINESS SERVICES, LLC  
5665 NEW NORTHSIDE DRIVE, STE. 320  
ATLANTA, GA. 30328

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### **Article VI**

The effective date for this Limited Liability Company shall be:

12/15/2009

Signature of member or an authorized representative of a member

Signature: JOAN CATALANO PARKER