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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I20000000045
Phone : (954) 838-2785
Fax Number : (954) 851-1780

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: charlene.anderson@shcr.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COASTAL ANESTHESIA STAFFING, LLC

Certificate of Status	0
Certified Copy	0
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AUG 03 2015

J SHIVERS

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
COASTAL ANESTHESIA STAFFING, LLC**

ARTICLE I - NAME

The name of this limited liability company is Coastal Anesthesia Staffing, LLC (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jillian Marcus.

ARTICLE VI - MEMBERSHIP

The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VII - MANAGEMENT

The Company shall be a manager managed organization. The day-to-day business and affairs of the Company shall be managed under the direction of a Board of Managers authorized by the sole Member. The number of Managers may be either increased or decreased from time to time as provided in the Company's Operating Agreement. The names and addresses of the initial Managers of this Company are:

Robert Coward
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

Claire Gulmi
1A Burton Hills Blvd
Nashville, TN 37215

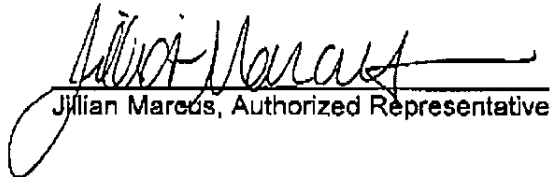
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ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Amended and Restated Articles of Organization on behalf of the Company is:

Jillian Marcus
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 31st day of July, 2015.


Jillian Marcus, Authorized Representative

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

That Coastal Anesthesia Staffing, LLC (the "Company"), desiring to amend and restate their Articles of Organization under the laws of the State of Florida, has named Jillian Marcus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway
Suite 200
Sunrise, FL 33323

ACKNOWLEDGMENT:

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 605, Florida Statutes.

Dated this 31st day of July, 2015.


Jillian Marcus, Registered Agent

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