

L100000 61661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

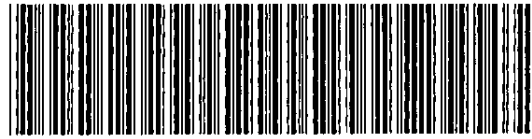
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



700181458087

06/09/10--01004--007 **125.00

FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 JUN -9 AM 10:33

RECEIVED

EFFECTIVE DATE

6/7/2010

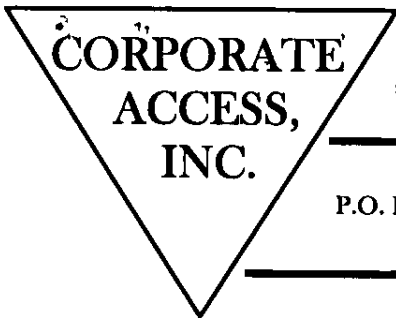
Office Use Only

B. KOHR
JUN -9 2010
EXAMINER

B. KOHR
JUN -9 2010
EXAMINER

10 JUN -9 PM 1:13

FLORIDA STATE
DIVISION OF CORPORATIONS



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 6-9-10

- CERTIFIED COPY
- PHOTOCOPY
- CUS
- FILING

EFFECTIVE DATE 6/7/2010

10 JUN - 9 PM 11:13
DIVISION OF CORPORATIONS
STATE OF FLORIDA

LLC

1. Gulfcoast Anesthesia Partners Division, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

EFFECTIVE DATE 6/7/2010

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -9 PM 1:13

ARTICLES OF ORGANIZATION
OF
GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Limited Liability Company under Chapter 608, Florida Statutes. The following Articles of Organization are hereby adopted.

ARTICLE I.
NAME

The name of the Limited Liability Company shall be Gulfcoast Anesthesia Partners Division, LLC.

ARTICLE II.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of June 7, 2010.

ARTICLE III.
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 300 Jeffords Street, Suite B, Clearwater, Florida 33756.

ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 150 2nd Avenue North, Suite 1100, St. Petersburg, Florida 33701 and the name of its initial registered agent at such address is Joel D. Bronstein.

ARTICLE V.
PURPOSE

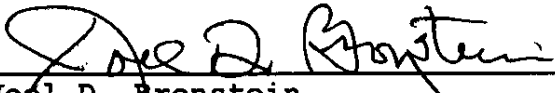
This Limited Liability Company is organized for the purpose of owning a partnership interest in Greater Florida Anesthesiologists, LLC, a Florida limited liability company and to operate a group medical practice through Greater Florida Anesthesiologists, LLC. This Limited Liability Company shall engage in no other business.

The undersigned, being the Authorized Representative of one of the Members of the Limited Liability Company hereby certifies that

the foregoing constitutes the Articles of Organization of Gulfcoast Anesthesia Partners Division, LLC.

Executed by the undersigned on June 7, 2010.

AUTHORIZED REPRESENTATIVE OF A MEMBER



Joel D. Bronstein

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 621, Florida Statutes, I agree to act in the capacity of Registered Agent for Gulfcoast Anesthesia Partners Division, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 7th day of June, 2010.



Joel D. Bronstein