

L100000061663

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(City/State/Zip/Phone #)

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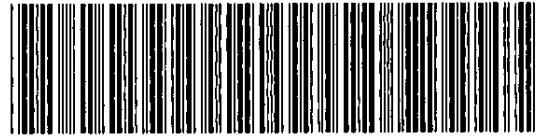
(Business Entity Name)

(Document Number)

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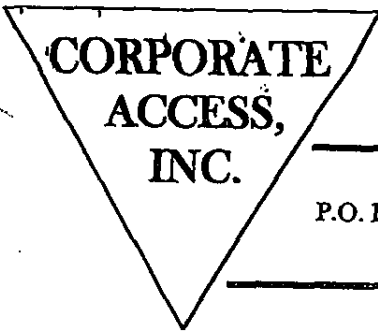
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EXAMINER

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LLC

1.

Anesthesia Associates of Pinellas County 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:

Please note effective date

EFFECTIVE DATE 6/7/2010

SECRET
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION
OF
ANESTHESIA ASSOCIATES OF PINELLAS COUNTY 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 Anesthesia Associates of Pinellas County 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 Anesthesia Associates of Pinellas County Division, LLC.

Executed by the undersigned on June 7, 2010.

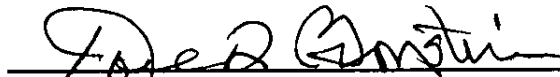
AUTHORIZED REPRESENTATIVE OF A MEMBER


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 Anesthesia Associates of Pinellas County 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