Electronic Articles of Organization
For
Florida Limited Liability Company

L10000084141
FILED 8:00 AM
August 11, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

ANESTHESIA HEALTHCARE SOLUTIONS OF NORTH FLORIDA LLC

Article II

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

362 GULF BREEZE PKWY
STE 116
GULF BREEZE, FL. US 32561

The mailing address of the Limited Liability Company is:

201 MONTGOMERY AVE
SARASOTA, FL. US 34243

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:

DAVID W SIMPSON MD
362 GULF BREEZE PKWY
STE 116
GULF BREEZE, FL. 32561

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: DAVID W SIMPSON MD

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Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID W SIMPSON MD
362 GULF BREEZE PKWY #116
GULF BREEZE, FL. 32561 US

Title: MGRM
BRETT S SULLIVAN MD
362 GULF BREEZE PKWY #116
GULF BREEZE, FL. 32561 US

Article VI

The effective date for this Limited Liability Company shall be:

08/15/2010

Signature of member or an authorized representative of a member

Signature: DAVID W SIMPSON MD