Electronic Articles of Organization
For
Florida Limited Liability Company

L10000089897
FILED 8:00 AM
August 26, 2010
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

NATIONAL ANESTHESIA PROVIDERS, LLC

Article II

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

5365 W. ATLANTIC AVENUE
504
DELRAY BEACH, FL. 33484

The mailing address of the Limited Liability Company is:

5365 W. ATLANTIC AVENUE, SUITE 504A
504
DELRAY BEACH, FL. 33484

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:

JEFFREY A ZIPPER
234 W. ALEXANDER PALM ROAD
DELRAY BEACH, FL. 33432

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: JEFFREY A. ZIPPER

Article V

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The name and address of managing members/managers are:

Title: MGRM
JEFFREY A ZIPPER M.D.
5365 W. ATLANTIC AVE SUITE 504A
DELRAY BEACH, FL. 33484 US

Signature of member or an authorized representative of a member

Signature: JEFFREY A. ZIPPER