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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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CONTACT: KATIE WONSCH

DATE: 11/09/2010

REF. #: 000177.136142

CORP. NAME: DANIEL BENDER M.D. ANESTHESIA SERVICES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 537381 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

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**ARTICLES OF ORGANIZATION
OF
DANIEL BENDER M.D. ANESTHESIA SERVICES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **DANIEL BENDER M.D. ANESTHESIA SERVICES, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

DANIEL BENDER M.D. ANESTHESIA SERVICES, LLC

ARTICLE II — Address:

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

8811 State Road 52, Suite 21
Hudson, Florida 34667

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

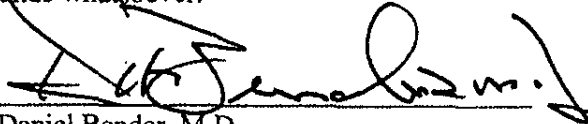
Daniel Bender, M.D.
8811 State Road 52, Suite 21
Hudson, Florida 34667

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.

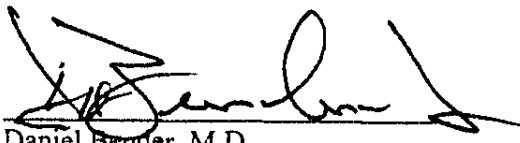
A handwritten signature in black ink, appearing to read "Daniel Bender, M.D.", written over a horizontal line.

Daniel Bender, M.D.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

DANIEL BENDER M.D. ANESTHESIA SERVICES, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

A handwritten signature in black ink, appearing to read 'Daniel Bender', is written over a horizontal line.

Daniel Bender, M.D.

Dated: November 8, 2010