

L10000129671

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B. KOHR

DEC 21 2010

EXAMINER

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

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**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 12/20/10

**REF. #:** 000177.138599

**CORP. NAME:** NPR 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#** 537805 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
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| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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## ARTICLES OF ORGANIZATION OF NPR ANESTHESIA SERVICES, LLC

The undersigned, being authorized to execute and file these Articles of Organization of NPR ANESTHESIA SERVICES, LLC (the "Limited Liability Company"), hereby certifies that:

### ARTICLE I — Name:

The name of the Limited Liability Company is:

NPR ANESTHESIA SERVICES, LLC

### ARTICLE II — Address:

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

5501 West Gray Street  
Tampa, Florida 33609

### 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:

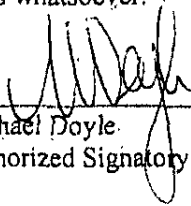
CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

### ARTICLE V — Management:

The Limited Liability Company will be a manager-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.



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Michael Doyle  
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**NPR 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.*

CorpDirect Agents, Inc.

By: 

Print Name: Michele Holden

Title: Assistant Secretary

Dated: December 20<sup>th</sup>, 2010