

03/11/2011 15:56 Garlick, Hilfiaker & Swift, LLP  
3/11/2011

(FAX) 239 597 6984

P.000004

L11000030866

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000065070 3)))



H110000650703ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GARLICK, HILFIKER & SWIFT, LLP  
Account Number : I20090000018  
Phone : (239) 597-7088  
Fax Number : (239) 597-6984

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: steve.woodring@gmail.com

**FLORIDA LIMITED LIABILITY CO.**

**Mobile Anesthesiologists of Florida, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

11 MAR 11 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. LUNT

MAR 14 2010

EXAMINE

((H11000065070 3)))

**MOBILE ANESTHESIOLOGISTS OF FLORIDA, INC.**  
3894 Mannix Drive  
Unit 206  
Naples, FL 34114  
(330)418-4629

March 11, 2011

VIA FAX FILING

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2011 MAR 11 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

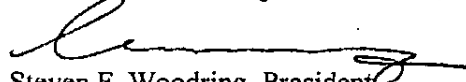
Dear Sir or Madam:

This letter will serve as my executed and dated letter of permission/authorization for the formation and use of the name **Mobile Anesthesiologists of Florida, LLC**. I am the President of Mobile Anesthesiologists of Florida, Inc., and my corporation will be the Managing Member of the Company.

Please find attached Articles of Organization for filing with the Division of Corporations.

Very truly yours,

Mobile Anesthesiologists of Florida, Inc.

  
Steven F. Woodring, President

SFW/jpw  
Enclosures

((H11000065070 3)))

(((H11000065070 3)))

## ARTICLES OF ORGANIZATION

## OF

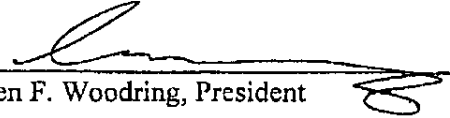
## MOBILE ANESTHESIOLOGISTS OF FLORIDA, LLC

1. Name. The name of this limited liability company is Mobile Anesthesiologists of Florida, LLC, a Florida limited liability company (the "Company").
2. Duration. The Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.
3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.
4. Place of Business. The mailing and street address of the Company's principal office is 3894 Mannix Drive, Unit 206, Naples, Florida 34114.
5. Registered Agent and Office. The name of the initial registered agent of the Company is Thomas B. Garlick, Esq. The street address of the initial registered agent of the Company is: c/o Garlick, Hilfiker & Swift, LLP, 9115 Corsea del Fontana Way, Suite 100, Naples, Florida 34109.
6. Additional Members. Additional members to the Company may be admitted, but only upon the unanimous consent of all members of the Company at the time admission is sought.
7. Management of the Company. The Company shall be managed by one or more of its members in accordance with the operating agreement adopted by all of the members. The name and address of the initial managing member, who shall serve until the first annual meeting of the members or until his successor is elected and qualified, is:

Mobile Anesthesiologists of Florida, Inc.  
3894 Mannix Drive, Unit 206  
Naples, Florida 34114

The undersigned executed these Articles of Organization effective as of the 11<sup>th</sup> day of March, 2011.

Mobile Anesthesiologists of Florida, Inc.,  
a Florida corporation, Managing Member

By:   
Steven F. Woodring, President

(((H11000065070 3)))

((H11000065070 3)))

**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Thomas B. Garlick, Esq.

Dated: March 11<sup>A</sup>, 2011.

FILED  
2011 MAR 11 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA