

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Conscientious Anesthesia Services LLC

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

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TALLAHASSEE, FLORIDA

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Electronic Filing Menu Corporate Filing Menu **G. MCLEOD**

JUN 15 2011

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

CONSCIENTIOUS ANESTHESIA SERVICES LLC

ARTICLE II ADDRESS

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

495 GOLDEN GATE POINT #4

SARASOTA, FLORIDA 34236

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**


The name and the Florida street address of the registered agent are:

LISA SEBASTIAN, CRNA, MSHS

495 GOLDEN GATE POINT #4

SARASOTA, FLORIDA 34236

Having been named as registered agent 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 as provided for in Chapter 608, F.S.

X  CRNA MSHS
LISA SEBASTIAN, CRNA, MSHS / Registered Agent's signature

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PAGE 2 CONSCIENTIOUS ANESTHESIA SERVICES LLC

ARTICLE IV MANAGEMENT

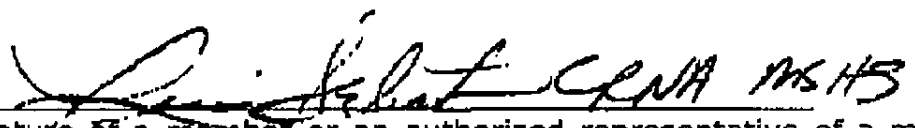
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

LISA SEBASTIAN, CRNA, MSHS
495 GOLDEN GATE POINT #4
SARASOTA, FLORIDA 34236

.....

X  CRNA MSHS
Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

LISA SEBASTIAN, CRNA, MSHS

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