

L110000083327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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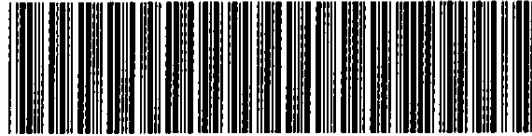
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EXAMINER



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : I20000000195

REFERENCE : 851054 4369500

AUTHORIZATION :

COST LIMIT : \$ 125

[Signature]

ORDER DATE : July 19, 2011

ORDER TIME : 5:01 PM

ORDER NO. : 851054-005

CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: VENICE ANESTHESIA SERVICES,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
VENICE ANESTHESIA SERVICES, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 20 PM 2:06

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

VENICE 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:


Corporation Service Company
1201 Hays Street
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.



Michael Doyle
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

VENICE 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.

Corporation Service Company

By: 

Print Name: _____

Title: _____

Harry B. Davis

Asst. Vice President

Dated: July 19th, 2011