

10/11/2011 16:34 SHUMAKER LOOP & KENDRICK

(FAX) 813 229 1660

P.001/004

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From:

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Account Number : 075500004387
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eaebel@slk-law.com

FLORIDA LIMITED LIABILITY CO.
S & P Anesthesia, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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EXAMINER

10/11/2011

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**Articles of Organization
for
S & P Anesthesia, LLC**

ARTICLE I.- Name

The name of the Limited Liability Company is S & P Anesthesia, LLC

ARTICLE II. - Address

The mailing address and street address of the Limited Liability Company is as follows:

845 Oakley Seaver Dr.
Clermont, Florida 34711

ARTICLE III. - Management

The Limited Liability Company is to be managed by one or more managers. The name and address of the initial managers are as follows:

Julie Saranita, D.O.
12907 Tiger Lilly Court
Clermont, Florida 34711

Julio Paez, M.D.
845 Oakley Seaver Dr.
Clermont, Florida 34711

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 11th day of October 2011.



Erin Smith Aebel, Esq.

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.)

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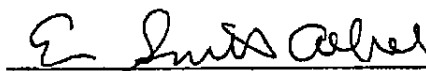
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is S & P Anesthesia, LLC
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

Having been named as registered agent and 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.



Erin Smith Aebel, Esq.
Registered Agent