Page 1 of 1

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.

(((H12000118100 3)))



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

: (850)617-6383

From

Account Name

: MCLIN & BURNSED P.A.

Account Number : 104657003604 1 (352) 753-4690

Pax Number

: (352)205-8413

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

ENALL Address: LORISOMCLINBURNSED. COM

FLORIDA LIMITED LIABILITY CO.

Anesthesia Consulting, LLC

1
0
04
\$130.00

Help

Electronic Filing Menu

Corporate Filing Menu

MAY = 1 2012

T. HAMPTON

4/30/2012

(((H12000718100 3)))

Document Prepared By

MCLIN BURNSED

ATTOMRYM AT LINE

ANESTHESIA CONSULTING, LLC ARTICLES OF ORGANIZATION

Effective at 12:01 a.m. on the date of this filing, Anesthesia Consulting, LLC, a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby submit the following Articles of Organization pursuant to Sections 608.407 and 608.4081, Florida Statutes.

ARTICLE 1 NAME

The name of the limited liability company shall be Anesthesia Consulting, LLC.

ARTICLE 2 DURATION

The period of duration of the Limited Liability Company shall be perpetual, unless the Limited Liability Company is dissolved pursuant to provisions of the Florida Limited Liability Company Act, the Articles of Organization of the Limited Liability Company, or the Operating Agreement of the Limited Liability Company.

ARTICLE 3 PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE 4 STREET ADDRESS OF PRINCIPAL OFFICE

The mailing address of the Company is: 589 Society Hill Circle, The Villages, Florida 32162, and street address of the principal office of the Company is: 589 Society Hill Circle, The Villages, Florida 32162.

ARTICLE 5 MANAGEMENT

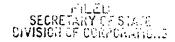
The Company shall be managed by one manager. The name and address of the person who shall serve as manager until the next meeting of members or until his successor is elected and qualified is as follows: James G. Luton, 589 Society Hill Circle, The Villages, Florida 32162. The manager shall be elected as provided in the Operating Agreement.

) P#

≖

(((H12060118100 3)))

(((H12609118160 3)))



12 APR 30 PM 1: 13

ARTICLE 6 ADMISSION OF ADDITIONAL MEMBERS

Members shall have the right to admit additional members pursuant to the Operating Agreement adopted by the Company.

ARTICLE 7 MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company, shall be carried out as provided for in the Operating Agreement adopted by the Company.

ARTICLE 8 REGISTERED AGENT

The name and street address of the current registered agent of the Company in the State of Florida is: Jeffrey P. Skates, 1950 Laurel Manor Drive, Suite 140, The Villages, Florida 32162. A written statement as prescribed by the Florida Department of State pursuant to Section 608.415, *Florida Statutes* is attached to these Articles of Organization.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization on this 15t day of March 2012.

James G. Luton, Member and Manager

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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: Anesthesia Consulting, LLC.
- 2. The name and the Floridastreet address of the registered agent and office are: Jeffrey P. Skates, Esq., 1950 Laurel Manor Drive, Suite 140, The Villages, Florida 32162.

ACCEPTANCE BY REGISTERED AGENT:

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



(((H12000118160 3)))

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 agentias provided for in Chapter 608, Florida Statutes.

Jeffrey P. Skates, Hsq., Registered Agent

gyVision of central 13