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Florida Department of State
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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

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FLORIDA LIMITED LIABILITY CO.
SCHELL ANESTHESIA SERVICE, LLC

Certificate of Status	0
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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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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

SCHELL ANESTHESIA SERVICE, LLC

ARTICLE II ADDRESS

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

8905 OLDE HICKORY AVENUE
SARASOTA, FLORIDA 34238

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

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

DORIS J SCHELL
8905 OLDE HICKORY AVENUE
SARASOTA, FLORIDA 34238

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 
DORIS J SCHELL / Registered Agent's signature

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PAGE 2 SCHELL ANESTHESIA SERVICE, 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

MANAGING MEMBER

DORIS J SCHELL

8905 OLDE HICKORY AVENUE

SARASOTA, FLORIDA 34238

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TALLAHASSEE, FLORIDA

.....
x 

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.

DORIS J SCHELL

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