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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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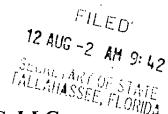
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| Sunstate Resear | ch | ** |
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| Address OSO City/State/Zip Phone # | 1454 | |
| | Of | fice Use Only |
| CORPORATION NAME(S) & DOCUM | ENT NUMBER(S), (if kn | own): |
| 1. Mid Florida Ane | esthesia Co | nsultants |
| 2. (Corporation Name) | (Document #) | |
| 3. (Corporation Name) | (Document #) | |
| 4. (Corporation Name) | | |
| Walk in Pick up time Mail out Will wait | Photocopy | Certified Copy Certificate of Status |
| NEW_FILINGS | AMENDMENTS | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Change of Registered Dissolution/Withdra Merger | d Agent |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other | |
| | | Examiner's Initials |

CR2E031(7/97)

ARTICLES OF ORGANIZATION OF



MID FLORIDA ANESTHESIA CONSULTANTS, LLC

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

ARTICLE I - NAME

The name of this Limited Liability Company is MID FLORIDA ANESTHESIA CONSULTANTS, LLC.

ARTICLE II - MAILING ADDRESS

The mailing address of MID FLORIDA ANESTHESIA CONSULTANTS, LLC is P.O. Box 950595, Lake Mary, Florida 32795. The principal office address is 3482 Oak Knoll Point, Lake Mary, Florida 32746.

ARTICLE III - DURATION

The period of duration for MID FLORIDA ANESTHESIA CONSULTANTS, LLC shall be perpetual from the date of filing these Articles with the Department of the State, except for the limitations set out in Florida Statutes Section 608.441.

ARTICLE IV - REGISTERED AGENT & OFFICE

The name of the initial registered agent is HOYT & BRYAN, LLC. The street address of the initial registered agent is 254 Plaza Drive, Oviedo, Florida 32765.

ARTICLE V - ADDITIONAL MEMBERS

Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.

ARTICLE VI - TERMINATION OF MEMBERSHIP

If a member of the company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in MID FLORIDA ANESTHESIA CONSULTANTS, LLC, the remaining members may, by unanimous agreement, continue the business of MID FLORIDA ANESTHESIA CONSULTANTS, LLC.

ARTICLE VII - MANAGEMENT

MID FLORIDA ANESTHESIA CONSULTANTS, LLC is to be managed by its Member and the name and address of the individual who will serve as the managing member is:

| RAM PRASHANTH | MGRM | P.O. Box 950595 |
|---------------|------|--------------------------|
| YOGENDRA | | Lake Mary, Florida 32795 |

This initial managing member shall serve until a qualified successor is elected as prescribed by and provided in the Regulations of the Company. The Managing Member shall also hold the office and have the responsibilities accorded to him/her by the Members set out in the Regulations of the Company.

ARTICLE VIII - REGULATIONS

The Members shall have the power to adopt, alter, amend, or repeal regulations of MID FLORIDA ANESTHESIA CONSULTANTS, LLC.

The undersigned executed these Articles of Organization on Aussis 1, 2012.

RAM PRASHANTH YOGENDRA, Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this accument constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE FOR MID FLORIDA ANESTHESIA CONSULTANTS, LLC

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

- 1. The name of the limited liability company is MID FLORIDA ANESTHESIA CONSULTANTS, LLC.
 - 2. The name and address of the registered agent and office is as follows:

HOYT & BRYAN, LLC 254 Plaza Drive Oviedo, Florida 32765

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.

RAM PRASHANZH YOGENDRA

Date