

K. SALLY
EXAMINER
AUG 3 2012.

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Mid Florida Anesthesia Consultants
(Corporation Name) (Document #)

2. LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION



Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

FILED
12 AUG -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 YOGENDRA	MGRM	P.O. Box 950595 Lake Mary, Florida 32795
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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 AUGUST 1, 2012.



RAM PRASHANTH YOGENDRA, Managing 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. 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 PRASHANTH YOGENDRA

08-01-12

Date