

L1300019 2746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

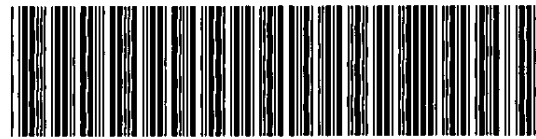
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700252816127

10/29/13--01003--013 \*\*130.00

RECEIVED  
DEPARTMENT OF STATE  
13 OCT 29 AM 11:49  
TALLAHASSEE, FLORIDA  
Office of Public Affairs

B. BOSTICK  
OCT 30 2013  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CGRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 10/29/13

**REF. #:** 8940634

**CORP. NAME:** BAMMA ANESTHESIA, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 70009020 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |  |  |

Examiner's Initials

2013 OCT 29 AM 10:28  
STATE OF FLORIDA  
TALLAHASSEE

---

**ARTICLES OF ORGANIZATION**

**OF**

**BAMMA ANESTHESIA, LLC**

---

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "**Company**") under the Florida Limited Liability Company Act (the "**Act**"), as follows:

**NAME**

The name of the Company is: **BAMMA ANESTHESIA, LLC.**

**MAILING ADDRESS AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company is:  
501 Glades Road  
Boca Raton, Florida 33432

**NAME AND ADDRESS OF SOLE MANAGER**

The name and address of the sole Manager of the Company is:  
Harvey Plosker, M.D.  
501 Glades Road  
Boca Raton, Florida 33432

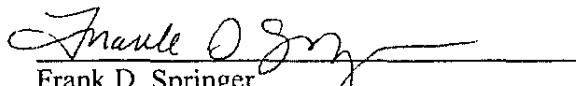
**EXISTENCE**

The Company's existence will commence upon filing.

**INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent and office:  
**NRAI Services, Inc.,**  
1200 South Pine Island Road  
Plantation, FL 33324

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.

  
Frank D. Springer  
Authorized Representative of Member

2013 OCT 29 AM 10:28  
\*ELECTRONIC FILING\*  
TALLAHASSEE, FLORIDA

**ACCEPTANCE BY REGISTERED AGENT**

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.



**NRAI Services, Inc.**  
1200 South Pine Island Road  
Plantation, FL 33324  
Michele Holden, Asst Sect

Dated: October 29 2013

2013 OCT 29 AM 10:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA