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Florida Department of State
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : SHERIDAN HEALTHCORP, INC.
 Account Number : I20000000045
 Phone : (954) 838-2769
 Fax Number : (954) 851-1780

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

Email Address:adriana.tejeda@shcr.com

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13 DEC 20 AM 9:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
 Anesthesia Physician Solutions of South Florida, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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B. BOSTICK

DEC 23 2013

EXAMINER

ARTICLES OF ORGANIZATION
OF
ANESTHESIA PHYSICIAN SOLUTIONS OF SOUTH FLORIDA, LLC

ARTICLE I - NAME

The name of this limited liability company is Anesthesia Physician Solutions of South Florida, LLC (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jay A. Martus.

ARTICLE VI - MEMBERSHIP

The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VII - MANAGEMENT

The Company shall be a manager managed organization. The day-to-day business and affairs of the Company shall be managed under the direction of a Board of Directors authorized by the sole Member. The number of Directors may be either increased or decreased from time to time as provided in the Company's Operating Agreement, but shall never be less than one (1). The names and addresses of the initial Directors of this Company are:

Robert Coward
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

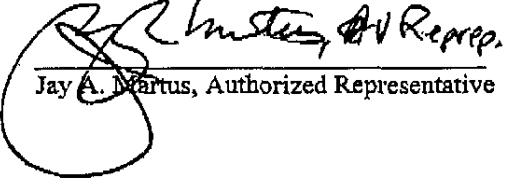
John Carlyle
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

Jay A. Martus
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 18th day of December, 2013.


Jay A. Martus, Authorized Representative

2313 DEB 20 6: 9: 00

FALLSIDE, INC.

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

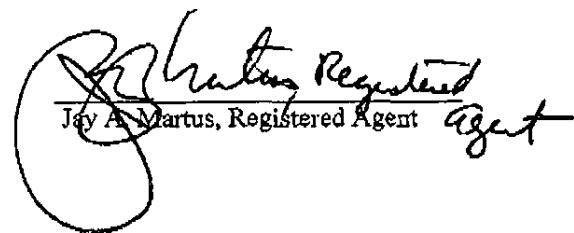
That Anesthesia Physician Solutions of South Florida, LLC (the "Company"), desiring to organize under the laws of the State of Florida, has named Jay A. Martus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway
Suite 200
Sunrise, FL 33323

ACKNOWLEDGMENT:

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 18th day of December, 2013.



Jay A. Martus, Registered Agent

FLORIDA, U.S.A.
2013 DEC 20 AM 9:00