

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000023434  
FILED 8:00 AM  
February 06, 2015  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
INTERVENTIONAL ANESTHESIA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5102 N DAVIS HWY  
PENSACOLA, FL. 32503

The mailing address of the Limited Liability Company is:  
5102 N DAVIS HWY  
PENSACOLA, FL. 32503

**Article III**

Other provisions, if any:  
OUTPATIENT ANESTHESIA

**Article IV**

The name and Florida street address of the registered agent is:  
MICHAEL P MADEWELL  
8115 BRANDON ROAD  
PANAMA CITY, FL. 32404

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.

Registered Agent Signature: MICHAEL MADEWELL

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
UNIVERSITY INTERVENTIONAL CENTER  
5102 N DAVIS HWY  
PENSACOLA, FL. 32503

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### **Article VI**

The effective date for this Limited Liability Company shall be:

02/05/2015

Signature of member or an authorized representative

Electronic Signature: MICHAEL MADEWELL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.