

L17000092448

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

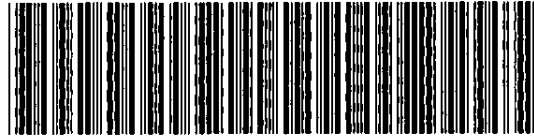
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C. GOLDEN

APR 26 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 610764 7509084

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : April 21, 2017

ORDER TIME : 2:45 PM

ORDER NO. : 610764-005

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: ANESTHESIA PHYSICIAN SOLUTIONS  
OF GEORGIA MANAGEMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 24, 2017

CORPORATION SERVICE COMPANY

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA  
MANAGEMENT, LLC  
Ref. Number: W17000035128

We have received your document for ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 017A00007924

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2017 APR 21 PM 2:24  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC.**

**ARTICLE I - NAME**

The name of this limited liability company is Anesthesia Physician Solutions of Georgia Management, 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 1776 North Pine Island Road, Suite 104, Plantation, Florida 33324.

**ARTICLE V - REGISTERED AGENT  
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 201 Hays Street, Tallahassee, Florida 32301; and the name of the initial registered agent at that address is Corporation Service Company.

**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:

Christopher Holden  
7700 West Sunrise Boulevard  
Plantation, Florida 33322

Robert Coward  
7700 West Sunrise Boulevard  
Plantation, Florida 33322

John Laverty  
7700 West Sunrise Boulevard  
Plantation, Florida 33322

Michael Cuffee  
7700 West Sunrise Boulevard  
Plantation, Florida 33322

ARTICLE VIII - ORGANIZER

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

Rian Balfour  
7700 West Sunrise Boulevard  
Plantation, Florida 33322

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 21<sup>st</sup> day of April, 2017.

  
\_\_\_\_\_  
Rian Balfour, Authorized Representative

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: \_\_\_\_\_



(Registered agent's signature)

Melissa Zender  
Asst. Vice President

**FILED**

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TALLAHASSEE, FLORIDA