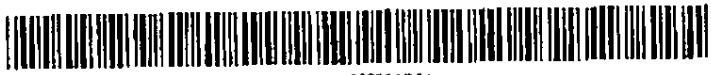


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**ARTICLES OF ORGANIZATION
OF
WEST COAST ANESTHESIA PROVIDERS, LLC**

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

**ARTICLE I.
NAME**

The name of the Limited Liability Company shall be WEST COAST ANESTHESIA PROVIDERS, LLC.

**ARTICLE II.
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, effective as of the date of filing.

**ARTICLE III.
ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 4519 US Highway 19, New Port Richey, Florida 34652.

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 333 3rd Avenue North, Suite 200, St. Petersburg, Florida 33701, and the name of the registered agent is Chestnut Business Services, LLC.

**ARTICLE V.
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

**ARTICLE VI.
MANAGEMENT**

This Limited Liability Company shall be a manager-managed limited liability company. The authority, and limitations on such authority, of the managers shall be specified in the

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operating agreement of the Company. The initial manager of the Company, and the address of said manager, shall be Pamela Rowan, 4519 US Highway 19, New Port Richey, Florida 34652.

The undersigned, being the Authorized Representative, hereby certifies that the foregoing constitutes the Articles of Organization of WEST COAST ANESTHESIA PROVIDERS, LLC.

Executed by the undersigned on June 13, 2018.

Pamela Rowan
Pamela Rowan

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of Registered Agent for WEST COAST ANESTHESIA PROVIDERS, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113.

DATED this 13 day of June, 2018.

Chestnut Business Services, LLC

By: [Signature]

Michael D. Magidson, Esq.

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AUTHORIZATION TO OBTAIN EMPLOYER IDENTIFICATION NUMBER

The undersigned, as the Manager of WEST COAST ANESTHESIA PROVIDERS, LLC, a Florida limited liability company, (the "Taxpayer") designates Kelly L. McShane, FRP and Michael D. Magidson, Esquire as the Third-Party Designees under the Form SS-4, Application for Employer Identification Number, to obtain an Employer Identification Number ("EIN") for the Taxpayer.

The undersigned further acknowledges that the Taxpayer understands and acknowledges that the Taxpayer is authorizing the Third-Party Designee to apply for and receive the EIN on behalf of the Taxpayer and to answer questions about the completion of the Form SS-4 in order to obtain the EIN.

Dated this 13 day of June, 2018.

WEST COAST ANESTHESIA PROVIDERS, LLC

By: Pamela Rowan
Pamela Rowan, Manager

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