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FLORIDA LIMITED LIABILITY CO.
NORTHERN FLORIDA ANESTHESIA SERVICES, PLLC

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**ARTICLES OF ORGANIZATION
OF
NORTHERN FLORIDA ANESTHESIA SERVICES, PLLC**

These Articles of Organization are submitted for the purpose of forming a professional limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, and the Florida Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Acts").

ARTICLE I - NAME

The name of this professional limited liability company (the "Company") is Northern Florida Anesthesia Services, PLLC.

ARTICLE II - PURPOSE

The purpose of the Company is to render professional medical services.

ARTICLE III - ADDRESS

The initial address of the principal office and the initial mailing address of the Company are 4796 Hodges Boulevard, Jacksonville, FL 32224.

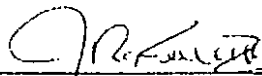
ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 4796 Hodges Boulevard, Jacksonville, FL 32224 and the name of its initial registered agent at such address is Jerry Richard Foltz, M.D.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Acts, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 9th day of July, 2018. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.



Jerry Richard Foltz, M.D., Authorized Representative

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida:

1. The name of the limited liability company is:

Northern Florida Anesthesia Services, PLLC

2. The name and address of the registered agent and office are:

**Jerry Richard Foltz, M.D.
4796 Hodges Boulevard
Jacksonville, FL 32224**

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.

Dated: July 9, 2018

Signature of Registered Agent



Jerry Richard Foltz, M.D.

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