

L200000012027

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000019551 3))



H200000195513ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

RECEIVED
2020 JAN 17 PM 3:01
CORPORATIONS
COMMERCIAL
SERVICES

2020 JAN 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Email Address: Lauren@collinsvision.com

FLORIDA LIMITED LIABILITY CO.
ST. MARK'S ANESTHESIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N C

JAN 17

~~FILED~~ P.02

2020 JAN 17 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
ST. MARK'S ANESTHESIA, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is ST. MARK'S ANESTHESIA, LLC.

ARTICLE II – Address:

The principal street address and mailing address of the Limited Liability Company are:

Address: 6900 International Center Boulevard
Fort Myers, Florida 33912

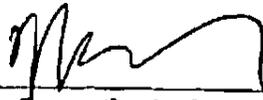
ARTICLE III – Management:

The Limited Liability Company is to be manager-managed by one or more elected managers as provided in the Operating Agreement of the Limited Liability Company. The initial manager shall be Florentino Palmon, MD.

ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by applicable law, as amended from time to time, indemnify the managers of the Limited Liability Company. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act on this 17th day of January 2020.



Signature of an authorized representative of a member.

Michael J. Collins, MD
Typed or printed name of signee

H20000019551 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is **ST. MARK'S ANESTHESIA, LLC.**
- 2. The name and the Florida street address of the registered agent are:

Michael J. Collins, MD
6900 International Center Boulevard
Fort Myers, Florida 33912

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.



Signature

FILED
2020 JAN 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL