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

Certificate of Status	0
Certified Copy	0
Page Count	02
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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

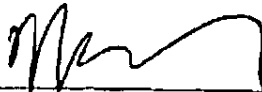
ARTICLE III – Management:

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

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**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

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