

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L20000234794

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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
TRIDENT ANESTHESIA LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

Trident Anesthesia LLC

**ARTICLE II - Address:**

1111 Kane Concourse, Suite 311  
Bay Harbor Islands, FL. 33154

**ARTICLE III - Registered Agent, Registered Office:**

Restore Medical LLC  
1111 Kane Concourse, Suite 311  
Bay Harbor Islands, Fl. 33154  
Agent: Dr. Alain Ramirez

**ARTICLE IV-**

Dr. Alain Ramirez, AMBR

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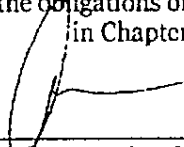
**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Typed or printed name of signee**

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 as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**