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Florida Department of State  
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*Sorry, this printed in wrong direction!*

LIMITED LIABILITY COMPANY

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South Palm Beach Anesthesiology, PL

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
OF  
SOUTH PALM BEACH ANESTHESIOLOGY, PL**

The undersigned, for purposes of forming a limited liability company in accordance with the Florida Limited Liability Company Act and Professional Service Corporation, do hereby state the following:

1. NAME. The name of the limited liability company shall be South Palm Beach Anesthesiology, PL (the "Company").
2. DURATION. The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.
3. PURPOSE. The purpose for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, or whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at any time and from time to time, deem advisable.
4. OFFICE. The mailing address and street address, in the State of Florida where the principal office of the Company is to be located, is:  
  
6234 N.W. 23rd Terrace  
Boca Raton, FL 33496.
5. REGISTERED AGENT. The name and address of Company's registered agent, whose Consent to Appointment as Registered Agent is included with this Articles of Organization, is:  
  
David Ritter, M.D., P.A.  
6234 N.W. 23rd Terrace  
Boca Raton, FL 33496
6. ADMISSION OF ADDITIONAL MEMBERS. The Company has five (5) or more members. Additional members may be admitted only on the terms that are unanimously agreed to by all members in the Operating Agreement. The initial five (5) members are:

Peter S. Warheit, M.D., P.A.  
Donald J. Keusch, M.D., P.A.  
Gene Vertkin, M.D., P.A.  
David Ritter, M.D., P.A.  
Eric Busch, M.D., P.A.

7. CONTINUITY. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.
8. MANAGEMENT. The business of the Company will be conducted under the exclusive management and be limited to its members who will vote according to their proportionate interest in the Company and shall have exclusive authority to act for the Company in all matters. The names and addresses of the members are:

Peter S. Warheit, M.D., P.A.  
3296 N.W. 60th Street  
Boca Raton, FL 33496

Donald J. Keusch, M.D., P.A.  
781 N.E. 37th Street  
Boca Raton, FL 33431

Gene Vertkin, M.D., P.A.  
6600 Duckwood Road  
Lake Worth, FL 333467

David Ritter, M.D., P.A.  
6234 N.W. 23rd Terrace  
Boca Raton, FL 33496

Eric Busch, M.D., P.A.  
1734 Vestal Way  
Coral Springs, FL 33071

ORIGINAL APPOINTMENT OF AGENT

The undersigned, being all of the members of South Palm Beach Anesthesiology, PA, a limited liability company organized under the laws of the State of Florida, hereby appoint David Ritter, M.D., P.A., a natural person who is a resident of this State, as registered agent upon whom any process, notice or demand required or permitted by statute to be served upon the Company may be served.

His complete address is: David Ritter, M.D., P.A.  
6234 N.W. 23rd Terrace  
Boca Raton, FL 33496

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ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory registered agent for South Palm Beach Anesthesiology, PL, hereby acknowledges and accepts the appointment of registered agent, and is familiar with and accepts the obligations of the position of Registered Agent for the limited liability company.

DAVID RITTER, M.D., P.A.

BY: *DRITTER* (L.S.)  
DAVID RITTER, M.D.

IN WITNESS WHEREOF, we have hereunto subscribed our names to this Certificate of Formation on this 17 day of August, 1999.

GENE VERTKIN, M.D., P.A., a Florida professional association

BY: *[Signature]*  
GENE VERTKIN, M.D., President

PETER WARHEIT, M.D., P.A., a Florida professional association

BY: *[Signature]*  
PETER WARHEIT, M.D., President

DAVID RITTER, M.D., P.A., a Florida professional association

BY: *DRITTER*  
DAVID RITTER, M.D., President

ERIC BUSCH, M.D., P.A., a Florida Florida professional association

BY: *[Signature]*  
ERIC BUSCH, M.D., President

DONALD J. KEUSCH, M.D., P.A., a Florida professional association

BY: *Donald J. Keusch MD*  
DONALD J. KEUSCH, M.D., President

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STATE OF Florida )  
COUNTY OF Palm Beach ) ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Peter S. Warheit, M.D., as President of Peter S. Warheit, M.D., P.A.,

☐ personally known to me, or  
☒ has produced Delaware License as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 13 day of August, 1999



My Commission Expires:  
My Commission No. is:

STATE OF Florida )  
COUNTY OF Palm Beach ) ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Donald J. Keusch, M.D., as President of Donald J. Keusch, M.D., P.A.,

☐ personally known to me, or  
☒ has produced Delaware License as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of August, 1999

(Signature)  
Terrell S. McKinney  
(Printed Name)

My Commission Expires:  
My Commission No. is:



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STATE OF Florida )  
 ) ss:  
COUNTY OF Palm Beach )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Gene Vertkin, M.D., as President of Gene Vertkin, M.D., P.A.,

☐ personally known to me, or  
☒ has produced Florida Driver's License as identification

and who has executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal I the County and State last aforesaid this 16th day of August, 1999.

Terrell S. McKinney  
(Signature)  
Terrell S. McKinney  
(Printed Name)

My Commission Expires:  
My Commission No.:



STATE OF Florida )  
 ) ss:  
COUNTY OF Palm Beach )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared David Ritter, M.D., as President of David Ritter, M.D., P.A.,

☐ personally known to me, or  
☒ has produced Driver's License as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 12 day of August, 1999

David Ritter  
(Signature)



My Commission Expires:  
My Commission No. is:

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STATE OF Florida )  
COUNTY OF Palm Beach ) ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Eric Busch, M.D., as President of Eric Busch, M.D., P.A.,

☐ personally known to me, or  
☒ has produced Drivers license as identification

and who has executed the foregoing instrument and acknowledged before me that he executed the same.

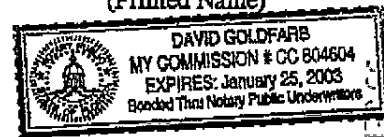
WITNESS my hand and official seal I the County and State last aforesaid this 12 day of August, 1999.

  
(Signature)

(Printed Name)

My Commission Expires:  
My Commission No.:

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS  
PURSUANT TO FLORIDA STATUTES 608.407(2)**

The undersigned members or authorized representative of a member of South Palm Beach Anesthesiology, PL depose and say:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is -0-.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-.
- 4) the amount of cash or property anticipated to be contributed by member(s) is -0-.
- 5) the total amount of 2, 3, and 4 is \$ -0-.

FURTHER, AFFIANTS SAYETH, NAUGHT.

GENE VERTKIN, M.D., P.A., a Florida  
professional association

BY: [Signature]

GENE VERTKIN, M.D., President

PETER WARHEIT, M.D., P.A., a Florida  
professional association

BY: [Signature]

PETER WARHEIT, M.D., President

DAVID RITTER, M.D., P.A., a Florida  
professional association

BY: [Signature]

DAVID RITTER, M.D., President

ERIC BUSCH, M.D., P.A., a Florida  
Florida professional association

BY: [Signature]

ERIC BUSCH, M.D., President

DONALD J. KEUSCH, M.D., P.A., a  
Florida professional association

BY: [Signature]

DONALD J. KEUSCH, M.D., President

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STATE OF Florida )  
COUNTY OF Palm beach ) ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgements, personally appeared Peter S. Warheit, M.D., as President of PETER S. WARHEIT, M.D., P.A., who

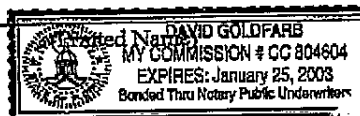
☐ personally known to me, or  
☒ has produced Drivers License as identification

and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 13 day of August, 1999.

(Signature)

My Commission Expires:  
My Commission No. is:



STATE OF Florida )  
COUNTY OF Palm beach ) ss:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgements, personally appeared Donald J. Keusch, M.D., as President of DONALD J. KEUSCH, M.D., P.A., who

☒ personally known to me, or  
☒ has produced Fla. Drivers License as identification

and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of August, 1999.

(Signature)

(Printed Name)

My Commission Expires:  
My Commission No. is:



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STATE OF Florida )  
 ) ss:  
COUNTY OF Palm Beach )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgements, personally appeared Gene Vertkin, M.D., as President of GENE VERTIKIN, M.D., P.A., who

☐ personally known to me, or  
☒ has produced Florida Drivers license as identification

and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 16th day of August, 1999.

Terrell S. McKinney  
(Signature)  
Terrell S. McKinney  
(Printed Name)

My Commission Expires:

My Commission No. is:

STATE OF Florida )  
 ) ss:  
COUNTY OF Palm Beach )



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1999

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgements, personally appeared David Ritter, M.D., as President of DAVID RITTER, M.D., P.A., who

☐ personally known to me, or  
☒ has produced Drivers license as identification

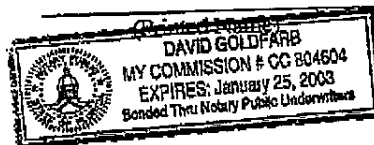
and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 12 day of August, 1999.

David Goldfarb  
(Signature)

My Commission Expires:

My Commission No. is:



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STATE OF Florida )  
 ) ss:  
COUNTY OF Palm Beach )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgements, personally appeared Eric Busch, M.D., as President of ERIC BUSCH, M.D., P.A., who

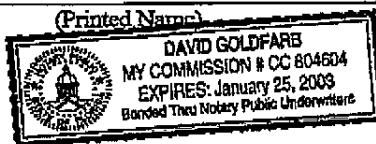
☐ personally known to me, or  
☒ has produced Drivers License as identification

and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 12 day of August, 1999.

DSC  
(Signature)

(Printed Name)



My Commission Expires:  
My Commission No. is:

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