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A Partnership Including
Professional Corporations
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MCDERMOTT, WILL & EMERY

February 23, 2001

BY UPS NEXT DAY AIR

Office of Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

700003768787--1
-02/26/01--01153--008
****155.00 ****155.00

Re: Anesthetix Management, LLC

Dear Sir/Madame: M-1-454

Enclosed for filing, please find the following:

1. Application By Foreign Limited Liability Company For Authorization To Transact Business in Florida for Anesthetix Management, LLC (the "Application");

2. Certificate of Designation og Registered Agent/Registered Office (the "Certificate of Designation");

3. Registration fee for the amount of $155.00 covering the Application, Certificate of Designation and Certified Copy of the Certificate of Authority; and

4. Certificate of Good Standing and Legal Existence.

Please approve and issue a Certificate of Authority for Anesthetix Management, LLC at your earliest convenience.

FILED
01 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/26

BST99 1192583-1.060749.0010

Thank you for your attention to this matter. If you have any questions concerning these filings, please call me at (617) 535-4137.

Very truly yours,

Jane L. Willen
Legal Assistant

Enclosures

cc: Michael L. Blau, Esq.
Lara Winn, Esq.
Steven Gottlieb, M.D.

FILED
01 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ANESTHETIX MANAGEMENT, LLC
(Name of foreign limited liability company)

2. STATE OF DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 06-1594063
(FEI number, if applicable)

4. SEPTEMBER 20, 2000
(Date of Organization)

5. DECEMBER 31, 2050
(Duration: Year limited liability company will cease to exist or "perpetual")

6. JANUARY 5, 2001
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. CORPORATION SERVICE COMPANY

2711 CENTERVILLE ROAD, SUITE 400, WILMINGTON, DE 19808
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here [x]

9. The name and usual business addresses of the managing members or managers are as follows:

STEVEN GOTTLIEB, M.D., P.O. BOX 33058, PALM BEACH GARDENS, FL 33420-3058

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: THE BUSINESS PROVIDES MANAGEMENT SERVICES TO PROVIDERS OF ANESTHESIOLOGY AND PAIN MANAGEMENT SERVICES

mgr

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GOTTLIEB
STEVEN GOTTLIEB, M.D., MANAGER
Typed or printed name of signee

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01 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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:

ANESTHETIX MANAGEMENT, LLC

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

STEVEN GOTTLIEB, M.D.
(Name)

8633 FALCON GREEN DRIVE
Florida street address (P.O. Box NOT ACCEPTABLE)

WEST PALM BEACH FL ~~33458~~ 33412
City/State/Zip

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 608, F.S..

STEVEN GOTTLIEB, M.D.

(Signature) , MGR

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TALLAHASSEE FLORIDA

$ 100.00	**Filing Fee for Application**
$ 25.00	**Designation of Registered Agent**
$ 30.00	**Certified Copy (optional)**
$ 5.00	**Certificate of Status (optional)**

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANESTHETIX MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
01 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3265108 8300

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Edward J. Freel, Secretary of State

AUTHENTICATION: 0838976

DATE: 12-07-00