

M030000001419

PAIN INSTITUTE OF  
JOHN E. BARSA, M.D.  
4178 N. ARMENIA AVENUE  
TAMPA, FLORIDA 33607

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

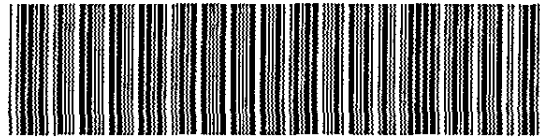
(Business Entity Name)

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W03-12096

J. BRYAN APR 29 2003

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 29, 2003

PAIN INSTITUTE OF JOHN E. BARS, M.D.  
4178 N. ARMENIA AVENUE  
TAMPA, FL 33607

SUBJECT: ULTIMATE ANESTHIOLOGY LLC  
Ref. Number: W03000012096

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ULTIMATE ANESTHIOLOGY LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist  
Tax Liens

Letter Number: 403A00025865

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

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

1. ULTIMATE ANESTHIOLOGY LLC  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 44-2082313  
(FEI number, if applicable)
4. 1/30/03  
(Date of Organization)
5. 30  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. JUNE 1, 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. \_\_\_\_\_
- 4478 N. ARMDIA AVE, TAMPA FL 33609  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

Cindy V. Barsa

John E. Barsa, M.D.

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: \_\_\_\_\_

MEDICAL - ANESTHIOLOGY

[Signature]  
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.)

JOHN E. BARSA

Typed or printed name of signee

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2003 MAY 2 PM 2:43  
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:

ULTIMATE ANESTHIOLOGY LLC

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

JOHN G. BARRA MD

(Name)

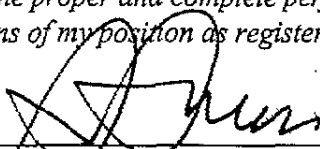
4128 N. ARDENIA AVE

Florida street address (P.O. Box **NOT** ACCEPTABLE)

TAMPA FL 33609

(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.*

  
(Signature)

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

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURTS

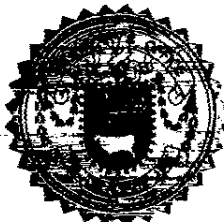
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ULTIMATE ANESTHESIOLOGY LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JANUARY, A.D. 2003, AT 9 O'CLOCK A.M.

FILED  
2003 MAY -2 PM 2:43  
JULIA H. HARRIS, REGISTRAR  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3620196 8100

AUTHENTICATION: 2238935

030063479

DATE: 02-03-03