# M03000002840

John E. Barsa, M.D., P.A.  Medical Director  4178 N. Armenia Avenue  Tampa, Florida 33607
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FILED SECRETARY OF STATE OF CORPORATIONS

#### 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 FÖREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) 3. 20-0/56650 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability (Duration: Year limited liability company will cease to (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 4532 W. KENNEDY BLVD # 323 (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: CYNTHIA 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: municipal care 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.)

CYNTHIA D.

Typed or printed name of signee

BARSA

### 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.

The name of the	: Limited L	iability	Company is:			
A550 C1	ATES	0.0	ANESOHO	55/06/064	LLC	
he name and th	ne Florida s	treet ad	dress of the reg	pistered agent an	d office are:	
		CYNT	7+1A D. (Name)	BARSA		
	<i>"/</i>	S33	W. Konne eet address (P.O. 1	OY BCVO Box NOT ACCEPTA	₩ 3aJ BLE)	
		ナルベ	1992 FL (City/State/Z	<i>- 33<b>4 o 9</b></i> ip)	·	
	A550 C/	ASSOCIATES  The name and the Florida s  F	ASSOCIATES OF  The name and the Florida street ad  EYNT  #532  Florida str	The name and the Florida street address of the reg  (Name)  (Name)  (Florida street address (P.O. I	ASSOCIATES OF ANESTHESIOLOGY  The name and the Florida street address of the registered agent an  CYNTHIA D. BARSA  (Name)  #532 W. KONNEDY BLVD  Florida street address (P.O. Box NOT ACCEPTA	ASSOCIATES OF ANESTHESIOLOGY LLC  The name and the Florida street address of the registered agent and office are:  CYNTHIA D. BARSA

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.

Cynothia II. Baroa (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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## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSOCIATES OF ANESTHESIOLOGY 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 FOURTEENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSOCIATES OF ANESTHESIOLOGY LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2003.

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

DIVISION OF 21 PM 2: 49



Darriet Smith Hindson

AUTHENTICATION: 2583286

DATE: 08-14-03

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