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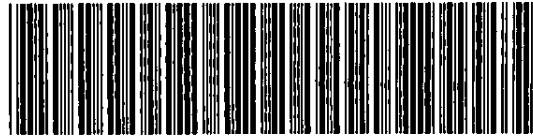
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 JAN 14 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



January 9, 2013

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
13 JAN 14 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

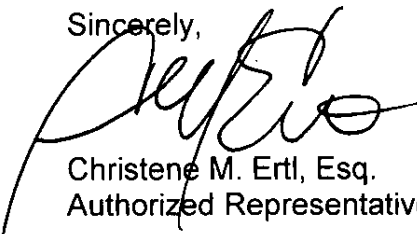
Re: Foreign LLC filing: Anesthesia Practice Management, LLC

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office, Certificate of Registration from the State of Delaware and Certificate of Status from the State of Delaware, re submitted for filing along with the filing fee of \$125.00. Please return all correspondence for this filing to:

Christene M. Ertl, Esq.  
Ertl & Kistemaker Business Law Group  
1651 N. Clyde Morris Blvd. #2  
Daytona Beach, FL 32117  
Ph: (386) 679-3700  
Email: [certl@e-kbusinesslaw.com](mailto:certl@e-kbusinesslaw.com)

If you have any questions please contact me.

Sincerely,



Christene M. Ertl, Esq.  
Authorized Representative

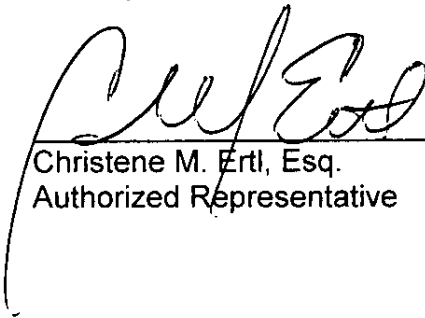
Email Address for future annual report filing: [ccastravis@gmail.com](mailto:ccastravis@gmail.com).

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

In compliance with Fla.Stat. §608.503 the following is submitted to register a foreign limited liability company to transact business in the State of Florida.

1. The name of this Delaware Limited Liability Company is Anesthesia Practice Management, LLC ("APM").
2. APM was formed under the laws of the state of Delaware on December 6, 2012.
3. APM's FEIN is: 46-1570784.
4. APM is perpetual in time.
5. APM is a Manager Managed limited liability company.
6. The name and address of the Manager of APM is:  
Consulting Practice Management, LLC  
4250 Alafaya Trail, Suite 212  
Oviedo, Florida 32765
7. Attached is an original certificate of existence along with an original certificate of good standing for APM.
8. The nature of business or purposes to be conducted or promoted in Florida is to engage in any lawful activity for which is permitted in the State of Florida.

**FILED**  
13 JAN 14 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


  
\_\_\_\_\_  
Christene M. Ertl, Esq.  
Authorized Representative

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507 FLORIDA STATUTES, THE UNDERSIGNED FOREIGN 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. ANESTHESIA PRACTICE MANAGEMENT, LLC
2. The name and the Florida Street address of the registered agent and office are  
Christene M. Ertl, Esq., 1651 N. Clyde Morris Blvd. #2, Daytona Beach, FL 32117.

Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I, Christene M. Ertl, Esq. hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provide Company with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Christene M. Ertl, Esq.  
Date: January

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:56 PM 12/06/2012  
FILED 01:53 PM 12/06/2012  
SRV 121304448 - 5253803 FILE

**STATE of DELAWARE  
CERTIFICATE of FORMATION  
A LIMITED LIABILITY COMPANY**

**ARTICLE I.**

The name of this limited liability company is ANESTHESIA PRACTICE MANAGEMENT, LLC.

**ARTICLE II.**

Its registered office in the State of Delaware is to be located at 1679 S. Dupont Hwy, Suite 100, Dover, DE 19901. The county of the registered office is Kent. The registered agent in charge thereof is INCFILE.COM LLC.

**ARTICLE III.**

The period of duration of the limited liability company shall be perpetual.

**ARTICLE IV.**

The purpose of the limited liability company is to engage in any lawful act or activity for which limited liability companies may be organized under the General Corporation Law of Delaware.

**ARTICLE V.**

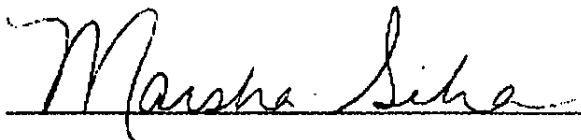
The name and address of each initial member of the limited liability company is:

Mussarat Siddiqui - 4250 Alafaya Trail Suite 212, Oviedo, FL 32765

Cindee Travis - 4250 Alafaya Trail Suite 212, Oviedo, FL 32765

I, the undersigned, for the purpose of forming a limited liability company under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand and executed this Certificate of Formation on the date below.

Dated: December 6th, 2012



Marsha Siha, Organizer

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANESTHESIA PRACTICE 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 NINTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

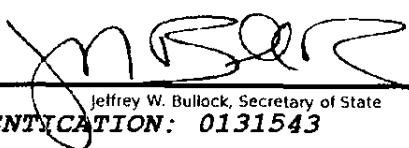
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANESTHESIA PRACTICE MANAGEMENT, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2012.

5253803 8300

130028748



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0131543

DATE: 01-09-13