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NOV 25 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 060640 4368890

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 160.00

ORDER DATE : November 22, 2019

ORDER TIME : 3:01 PM

ORDER NO. : 060640-005

CUSTOMER NO: 4368890

FOREIGN FILINGS

NAME: SPECIAL ANESTHESIA
MANAGEMENT SERVICES, LLC

2019 Nov 22 11:42

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Special Anesthesia Management Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roberta Stack

Name of Person

Special Anesthesia Management Services, LLC c/o East River Medical Associates, P.C.

Firm/Company

535 East 70th Street

Address

New York, NY 10021

City/State and Zip Code

StackR@HSS.EDU

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Mistretta, Esq.

516
at ()

832-7591

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

2019 FEB 22 1:11:42

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Special Anesthesia Management Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 535 East 70th Street
(Street Address of Principal Office)

6. 535 East 70th Street
(Mailing Address)

New York, NY 10021

New York, NY 10021

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

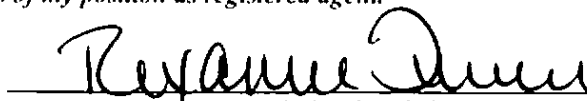
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

Roxanne Turner
Asst. Vice President

2019 JUL 22 7:11:42

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Victor M. Zayas
☐ Member Address: 110 Hazel Court
☐ Authorized Norwood, NJ 07648
Person
☐ Other ☐ Other

☒ Manager Name: Michael Ho
☐ Member Address: 360 East 89th Street
☐ Authorized Apt. 24A
Person New York, NY 10128
☐ Other ☐ Other

☒ Manager Name: Gregory A. Liguori
☐ Member Address: 350 East 79th Street
☐ Authorized Apt 28D
Person New York, NY 10075
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Stephen C. Haskins
☐ Member Address: 188 Ludlow Street
☐ Authorized Apt. 19H
Person New York, NY 10002
☐ Other ☐ Other


☒ Manager Name: David Kim
☐ Member Address: 10 Bristol Court
☐ Authorized PO Box 899
Person Alpine NJ 07620
☐ Other ☐ Other

☒ Manager Name: Stavros Memtsoudis
☐ Member Address: 135 Bingham Avenue
☐ Authorized Rumson NJ 07760
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person
Victor M. Zayas
Typed or printed name of signer

Attachment

Title or Capacity:

Name and Address:

☒ Manager Name: Thomas J. Quinn
☐ Member Address: 14 Oxford Road
☐ Authorized Larchmont, NY 10538
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:

Name and Address:

☒ Manager Name: Sean Garvin
☐ Member Address: 9 Waldo Lane
☐ Authorized Manhasset, NY 11030
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:

Name and Address:

☒ Manager Name: Jonathan Beathe
☐ Member Address: 88 Lafayette Avenue
☐ Authorized Brooklyn, NY 11217
Person _____
☐ Other _____ ☐ Other _____

2018.12.22 17:11:43

**State of New York
Department of State } ss:**

I hereby certify, that SPECIAL ANESTHESIA MANAGEMENT SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/16/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 21st day of November
two thousand and nineteen.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State