

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L25000128411
FILED 8:00 AM
March 17, 2025
Sec. Of State
dsultana

Article I

The name of the Limited Liability Company is:

APEX CARDIAC ANESTHESIA, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:

1807 SE 8TH ST
OCALA, FL. 34471

The mailing address of the Limited Liability Company is:

1807 SE 8TH ST
OCALA, FL. 34471

Article III

Other provisions, if any:

TO PRACTICE MEDICINE/ANESTHESIOLOGY, PROVIDING CARDIAC
ANESTHESIA SERVICES. NPI NUMBER: 1215399886FLORIDA
LICENSE NUMBER: ME 148233

Article IV

The name and Florida street address of the registered agent is:

AJAYPAL S KANDA
1807 SE 8TH ST
OCALA, FL. 34471

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.

Registered Agent Signature: AJAYPAL SINGH KANDA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
AJAYPAL S KANDA
1807 SE 8TH ST
OCALA, FL. 34471

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Article VI

The effective date for this Limited Liability Company shall be:

03/15/2025

Signature of member or an authorized representative

Electronic Signature: AJAYPAL SINGH KANDA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.