WALK IN

PICK UP 5/24/00 11:00

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1.) Winter Haven Ambul (CORPORATE NAME & DOCUMENT #)	atory	Surgi	ical	(m)	DAHAY 24	1
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5.) (CORPORATE NAME & DOCUMENT #)						
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ARTICLES OF ORGANIZATION FOR WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.

ARTICLE 1 - Name

The name of the Limited Liability Company is:

WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.

ARTICLE II - Address

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

325 Avenue B, N.W. Winter Haven, FL 33881

ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

CHARLES R. CHILTON 99 Sixth Street, S.W. Winter Haven, Florida 33880 OO MAY 24 AM 9:5;
SECRETAKY OF STAT

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.

CHARLES R. CHILTON Registered Agent's Signature

UHARLES'K. CHILIUN (Signature of a member or authorized representative of a member)

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)