



**ARTICLES OF ORGANIZATION FOR  
WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.**

**ARTICLE I - 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

FILED  
00 MAY 24 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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

  
\_\_\_\_\_  
CHARLES R. CHILTON  
(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.)*