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From:
Account Name : LAW OFFICE OF KENT A. SKRIVAN, PLLC
Account Number : I20040000145
Phone : (239)597-4500
Fax Number : (239)597-5623

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LIMITED LIABILITY COMPANY

St. Mark's Surgical Center, L.L.C.

Certificate of Status	1
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ARTICLES OF ORGANIZATION OF ST. MARK'S SURGICAL CENTER, L.L.C.

The undersigned acting as organizer of ST. MARK'S SURGICAL CENTER, L.L.C., under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

ARTICLE I
NAME

The name of the limited liability company shall be ST. MARK'S SURGICAL CENTER, L.L.C., (the "L.L.C.").

ARTICLE II
DURATION

This L.L.C. shall exist perpetually, unless dissolved according to law or as set forth in the L.L.C.'s Operating Agreement.

ARTICLE III
PURPOSE

The L.L.C. is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity in Florida, with the powers described in the Florida Limited Liability Company Act and as set forth in the L.L.C.'s Operating Agreement.

ARTICLE IV
BUSINESS ADDRESS/MAILING ADDRESS

The address of the place of business in this State of the L.L.C. shall be 11670 Rosemount Drive, Fort Myers, Florida 33913. The mailing address of the L.L.C. shall be 11670 Rosemount Drive, Fort Myers, Florida 33913.

Prepared by:
Kent A. Skrivan, Esq.
801 Laurel Oak Drive, Ste. 705
Naples, Florida 34108
(239) 597-4500
Bar #0893552

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ARTICLE V
REGISTERED AGENT

The name and address of the L.L.C.'s initial registered agent and registered office is Kent A. Skrivan, Esq., Law Offices of Kent A. Skrivan, PLLC, 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the L.L.C. as set forth in the Operating Agreement.

ARTICLE VII
DISSOLUTION, CONTINUATION

The members shall have the right to continue the L.L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the membership of a member in the L.L.C. as provided in the Operating Agreement.

ARTICLE VIII
MANAGEMENT

The L.L.C. is to be managed by its Members.

ARTICLE IX
ADDITIONAL PROVISIONS

(a) Members of the L.L.C. shall be entitled to vote on matters relating to the L.L.C. as set forth in the Operating Agreement of the L.L.C.

(b) The effective date of this limited liability company shall be upon filing.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 7 day of February, 2005.

By: _____
KENT A. SKRIVAN Authorized
Agent of a Member

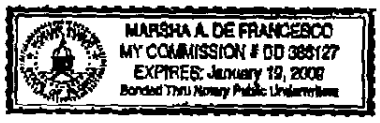
In accordance with Section 608.408(b)(3), Florida Statutes the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

STATE OF FLORIDA)
)ss.
COUNTY OF COLLIER)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared Kent A. Skrivan, to me known to be the person described in and who executed the foregoing Articles of Organization of ST. MARK'S SURGICAL CENTER, L.L.C. Kent A. Skrivan is ___personally known to me or has produced _____as identification.

WITNESS my hand and official seal in the County and State named above, this 7th day of February, 2005.

Marsha A. DeFrancesco
Notary Public
My Commission Expires:



CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/RESISTERED OFFICE

In compliance with Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

1. The name of the Limited Liability Company is ST. MARK'S SURGICAL CENTER, L.L.C.

2. The name and address of the registered agent and registered office is:

Kent A. Skrivan, Esq.
The Law Offices of Kent A. Skrivan, PLLC
801 Laurel Oak Drive, Suite 705
Naples, Florida 34108
(239) 597-4500

By: _____
Kent A. Skrivan, Authorized
Agent of a Member

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

_____
Kent A. Skrivan