

**L07000114937**

**Florida Department of State  
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**To:**  
Division of Corporations  
Fax Number : (850)617-6383

**From:**  
Account Name : GLAZIER & GLAZIER, P.A.  
Account Number : I20050000141  
Phone : (904)997-1033  
Fax Number : (904)997-1733

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Regency Monument Surgery Center, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
REGENCY MONUMENT SURGERY CENTER, LLC**

The undersigned, who is an authorized representative of REGENCY MONUMENT SURGERY CENTER, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is REGENCY MONUMENT SURGERY CENTER, LLC.

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1675 Eagle Harbor Parkway, Suite A, Orange Park, Florida 32003.

**ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent is GLAZIER & GLAZIER, P.A. 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

**ARTICLE IV - MANAGEMENT**

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization on the 14<sup>th</sup> day of November, 2007.

  
\_\_\_\_\_  
Scott L. Glazier,  
An Authorized Representative

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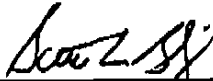
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**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

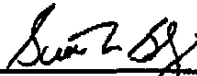
1. The name of the Limited Liability Company is **REGENCY MONUMENT SURGERY CENTER, LLC**
2. The name and the Florida street address of the registered agent and office is **GLAZIER & GLAZIER, P.A., 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.**

**REGENCY MONUMENT SURGERY CENTER, LLC**

  
 \_\_\_\_\_  
 By: **Scott L. Glazier**  
 An Authorized Representative

The undersigned, having been named as registered agent for the above named limited liability company, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for **REGENCY MONUMENT SURGERY CENTER, LLC** as provided for in Chapter 608, F.S.

**GLAZIER & GLAZIER, P.A.**

By:   
 \_\_\_\_\_  
 Name: **Scott L. Glazier**  
 Its: **Vice President**  
 Date: 11/14/07

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