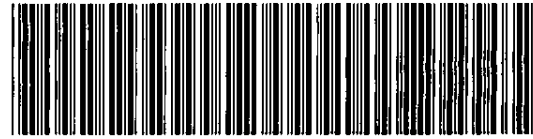


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. HAMPTON

DEC 14 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SFM Surgery IV, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Monica Wallace**  
Name of Person

**McDermott Will & Emery, LLP**  
Firm/Company

**227 W. Monroe, Suite 4400**  
Address

**Chicago, IL 60606**  
City/State and Zip Code

**mwallace@mwe.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Monica Wallace** at ( **312** ) **984-7757**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
SFM SURGERY IV, LLC**

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The undersigned, being authorized to execute and file these Articles of Organization of SFM Surgery IV, LLC (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**SFM Surgery IV, LLC**

**ARTICLE II — Address:**

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

3343 State Road 7  
Wellington, Florida 33449

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

Ravi Patel  
3343 State Road 7  
Wellington, Florida 33449

**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company.

**ARTICLE VI — Effective Date:**

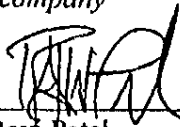
These Articles of Organization shall be effective upon filing.

\*\*\*\*\*

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IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 9 day of December, 2010.

*SFM Surgery IV, LLC, a Florida limited liability company*

By:  \_\_\_\_\_  
Name: Ravi Patel  
Title: Managing Director of South Florida Medicine, LLC, Managing Member of the Limited Liability Company

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SFM Surgery IV, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.*



Name: Ravi Patel

Dated: December 9, 2010

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