

L11000028715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

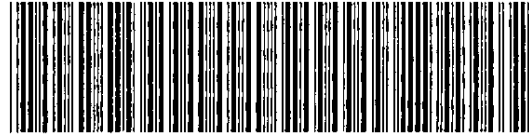
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900196967999

03/07/11--01054--017 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR - 7 PM 2:56

N. Culligan MAR - 8 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SFM Urology VI, 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**  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAR -7 PM 2:54

ARTICLES OF ORGANIZATION  
OF  
SFM UROLOGY VI, LLC

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Urology VI, 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.

\*\*\*\*\*

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 4 day of March, 2011.

*SFM Urology VI, LLC, a Florida limited liability company*

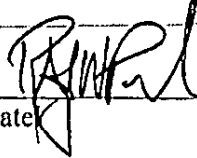
By:   
Name: Ravi Patel  
Title: Managing Director of South Florida  
Medicine, LLC, Managing Member of the  
Limited Liability Company

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SFM Urology VI, 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: March 4, 2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR -7 PM 2:54