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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

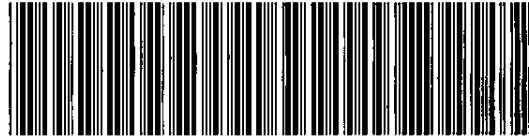
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFM Surgery X, 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 X, LLC**

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Surgery X, 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 and the managing member is South Florida Medicine, LLC.


ARTICLE VI — Effective Date:

These Articles of Organization shall be effective upon filing.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 30 day of September, 2011.

SFM Surgery X, LLC, a Florida limited liability company

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

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SFM Surgery X, 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: September 30, 2011