1100133842

(Requestor's Name) (Address) (Address)
7,000
(Address)
(idaises)
(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

G. MCLEOD

NOV 2.8 2011

EXAMINER



900214346929

11/23/11--01014--020 **125.00

11 NOV 23 PM 12: 22
SECRETARY OF STATE
ALLAHASSEF FLORID.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SFM Urology	X, LLC	
Name of Limited Liability Company		
The enclosed Articles of Organization	on and fee(s) are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
Monica Wallace		
	Name of Person	
McDermott Will 8	& Emery_	
	Firm/Company	
227 W. Monroe,	Suite 4400	
	Address	
Chicago, IL 60606		
City/State and Zip Code		
mwallace@mwe.com	Iress: (to be used for future annual report notification)	
	•	
For further information concerning the	ns matter, please call:	
Monica Wallace	at (312) 984-7757	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	ring amount:	
	filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, te of Status Certified Copy Certificate of Status &	
P.O. Box (n Section Registration Section f Corporations Division of Corporations	

ARTICLES OF ORGANIZATION OF SFM UROLOGY X, LLC

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Urology 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

<u>ARTICLE V — Management:</u>

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.

11 NOV 23 PM 12

DM_US 30790055-1.083918.0011

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 2 day of November, 2011.

SFM Urology X, LLC, a Florida limited liability company

Ву: ____

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 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 Pate

Dated: November 22, 2011