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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

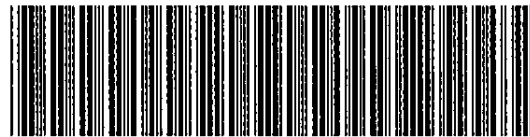
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 6 2013

EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFM Surgery XI, 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

Name of Person

at **(312) 984-7757**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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 XI, LLC**

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Surgery XI, 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:

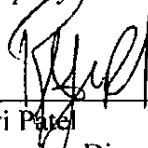
These Articles of Organization shall be effective upon filing.

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IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 30 day of April, 2013.

SFM Surgery XI, LLC, a Florida limited liability company

By:  _____

Name: Ravi Patel

Title: Managing Director of South Florida
Medicine, L.L.C, Managing Member of the
Limited Liability Company

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SFM Surgery XI, 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: April 30, 2013

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TALLAHASSEE, FLORIDA