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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Delray Outpatient Surgery & Laser
Center LLC

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Walk In

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Certified Copy *2 each*

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ARTICLES ONLY

ALL CHARTER DOCS

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| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A. Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Certificate of FICTITIOUS NAME

FICTITIOUS NAME SEARCH

CORP SEARCH

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Ordered By: _____

Date: _____

**DELRAY OUTPATIENT SURGERY & LASER CENTER
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

DELRAY OUTPATIENT SURGERY & LASER CENTER, LLC

ARTICLE II - Address

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

4800 Linton Boulevard, Building B
Delray Beach, Florida 33435

ARTICLE III - Duration

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

ARTICLE IV - Management

The Limited Liability Company is to be managed by two managers (the "Managers") and the name and address of the Managers is:

Robert Mellman and Steve Meadows
4800 Linton Boulevard, Building B
Delray Beach, Florida 33435

REC'D
00 APR 29 PM 1:55
FALLMOUNTAIN
ARTICLE
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ARTICLE V - Registered Agent and Office

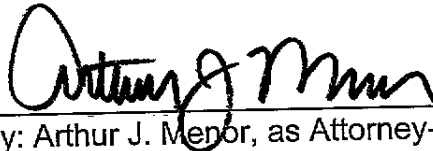
The name of the initial registered agent of the Limited Liability Company is:

**Arthur J. Menor, Esquire
SHUTTS & BOWEN LLP
One Clearlake Centre, Suite 500
250 Australian Avenue South
West Palm Beach, Florida 33401**

ARTICLE VI - Miscellaneous

Additional members may be admitted to this Limited Liability Company upon the unanimous approval of all of the members of this Limited Liability Company, on such terms and conditions as may be approved by all of the members of this Limited Liability Company.

The remaining members of this Limited Liability Company shall have the right to continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member.



By: Arthur J. Menor, as Attorney-in-Fact
and Authorized Representative for
the Members and Managers

00 JUN 29 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


APPROVED
ARTHUR J. MENOR

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Date: January 27, 2000

SHUTTS & BOWEN LLP

By 
ARTHUR J. MENOR

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ALL INFORMATION CONTAINED
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