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From:

Account Name : LAW OFFICE OF KENT A. SKRIVAN, PLLC

Account Number: I20040000145 Phone : (239)597-4500

: (239)597-**5623** Fax Number

LIMITED LIABILITY COMPANY

St. Mark's Surgical Center, L.L.C.

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ARTICLES OF ORGANIZATION OF ST. MARK'S SURGICAL CENTER, L.L.C.

The undersigned acting as organizer of ST. MARK'S SURGICAL CENTER, L.L.C., under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

ARTICLE !

The name of the limited liability company shall be ST. MARK'S SURGICAL CENTER, L.L.C., (the "L.L.C.").

ARTICLE II

This L.L.C. shall exist perpetually, unless dissolved according to law or as set forth in the L.L.C.'s Operating Agreement.

ARTICLE III PURPOSE

The L.L.C. is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity in Florida, with the powers described in the Florida Limited Liability Company Act and as set forth in the L.L.C.'s Operating Agreement.

ARTICLE IV BUSINESS ADDRESS/MAILING ADDRESS

The address of the place of business in this State of the L.L.C. shall be 11670 Rosemount Drive, Fort Myers, Florida 33913. The mailing address of the L.L.C. shall be 11670 Rosemount Drive, Fort Myers, Florida 33913.

Prepared by: Kent A. Skrivan, Esq. 801 Laurel Oak Drive, Ste. 705 Naples, Florida 34108 (239) 597-4500 Bar #0893552 05 FEB - 3 FM

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ARTICLE V REGISTERED AGENT

The name and address of the L.L.C.'s initial registered agent and registered office is Kent A. Skrivan, Esq., Law Offices of Kent A. Skrivan, PLLC, 801 Laurel Oak Drive, Sulte 705, Naples, Florida 34108.

ARTICLE VI ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the L.L.C. as set forth in the Operating Agreement.

ARTICLE VII DISSOLUTION, CONTINUATION

The members shall have the right to continue the L.L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the membership of a member in the L.L.C. as provided in the Operating Agreement.

ARTICLE VIII MANAGEMENT

The L.L.C. is to be managed by its Members.

ARTICLE IX ADDITIONAL PROVISIONS

- (a) Members of the L.L.C. shall be entitled to vote on matters relating to the L.L.C. as set forth in the Operating Agreement of the L.L.C.
 - (b) The effective date of this limited liability company shall be upon filing.

KENT A. SKRIVAN Authorized

Agent of a Member

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In accordance with Section 608.408(b)(3), Florida Statutes the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

STATE OF FLORIDA)
)ss
COUNTY OF COLLIER)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared Kent A. Skrivan, to me known to be the person described in and who executed the foregoing Articles of Organization of ST. MARK'S SURGICAL CENTER, L.L.C. Kent A. Skrivan is _____personally known to me or has produced ______ as identification.

Notary Public

My Commission Expires:



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/RESISTERED OFFICE

In compliance with Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

- The name of the Limited Liability Company is ST. MARK'S SURGICAL CENTER, L.L.C.
 - The name and address of the registered agent and registered office is: 2.

Kent A. Skrivan, Esq. The Law Offices of Kent A. Skrivan, PLLC 801 Laurel Oak Drive, Suite 705 Naples, Florida 34108 (239) 597-4500

ent A. Skrivan, Authorized

Agent of a Member

ACCEPTANCE:

Having been named as registered agent and to accept service of process for the above stated limited liability company, at the place designated in 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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

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