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Requestor's Name			
660 E. Jefferson St.			
Address		1	
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Tallahassee, FL 323			
City/St/Zip	Phone #		
CORPORATION NAM	ME(S) & DOCUMENT NUMBER(C) /if known):	
OUR ORATION NAME	WE(3) & DOCOMENT NUMBER(s), (ii kilowii):	
1- BRIDGE & YO	UNG SURGICAL ASSOCIATES, P. L.	S), (If known):	تز
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X Walk-in	Pick-up time ASAP	Certified Copy W. 4724	
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Mail-out	Will wait Photocopy	Certificate of Status	
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NEW EW INCO		RECEIVED 00 FEB 21 PH 1: 38 WEST LOUIS STATE VISION OF LOUIS PORATIONS TALLAHASSEE, FLORIDA	
NEW FILINGS Profit	AMENDMENTS	RECEIVED FEB 21 PH 1: 3 SIGNATION LANASSEE FLORIDA LAND	
Non-Profit	Amendment Resignation of R.A., Officer/Direction	SSS 2	
XX Limited Liability	Change of Registered Agent	100	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION	V	
Annual Report	Foreign	3000031417238	
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement	****125.00 ****125.00	
	Trademark Other		
	Ottlet		

Examiner's Initials

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 21, 2000

ATTORNEYS' TITLE 660 E. JEFFERSON ST. TALLAHASSEE, FL. 32301

SUBJECT: BRIDGE & YOUNG SURGICAL ASSOCIATES, P.L.

Ref. Number: W00000004724

We have received your document for BRIDGE & YOUNG SURGICAL ASSOCIATES, P.L. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 600A00009169

ARTICLES OF ORGANIZATION

of

BRIDGE & YOUNG SURGICAL ASSOCIATES, P.L.

ARTICLE I - Name:

The name of the Professional Limited Company is:

Bridge & Young Surgical Associates, P.L.

ARTICLE II – Address:

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

%Kent Runnells, P.A. 101 Main Street, Suite A Safety Harbor, Florida 34695

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are

Kent Runnells, P.A. a Florida Professional Association 101 Main Street, Suite A Safety Harbor, Florida 34695

ARTICLE IV - Nature of Business:

The purpose for which the company is organized is to practice the profession of "Medicine."

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kent Runnells, P.A.

ARTICLE IV - Management (Check box if applicable):

The Professional Limited Company is to be	managed by one manager or more managers and is,
therefore, a manager-managed company	^
therefore, a manager-managed company	A contract of the contract of

Donna M. Bridge, M.D.P.A., a Florida Professional Association

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

Doma Bridge, M.D. P.A.