

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L01000000423**

Surgery Center of Coral Gables, L.L.C.

400003530314--4

-01/09/01--01080--008

\*\*\*\*125.00 \*\*\*\*125.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit             |   |   |
| <input type="checkbox"/> Foreign               | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> <b>LLC</b> | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy        | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In    | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out              |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

1/9/01

Order#: 350560

Ref#:

Amount: \$

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

01 JAN -9 PM 3:09  
 RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA JAN -9 PM 2:27

APPROVED  
 AND  
 FILED

MS

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

**19-01**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Surgery Center of Coral Gables, L.L.C.

### ARTICLE II - Address:

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

49050 Lejeune Road, Suite H, Coral Gables, Florida 33146

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System  
Name  
c/o CT Corporation System, 1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation FL 33324  
City, State, and Zip

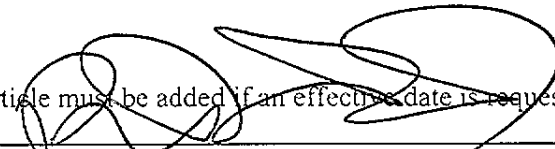
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 as provided for in Chapter 608, F.S..*

C T Corporation System  
Connie Bryan, Connie Bryan, Special Asst. Secy.  
Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.  
Roland W. Pritchard, M.D.

(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.)

Roland W. Pritchard, M.D., Manager  
Typed or printed name of signee

#### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN - 9 PM 3:09

APPROVED  
AND  
FILED