Requester's Name LO15 Voy K. R. Ste Address COCKLYSVILL MD 2 City/State/Zip Phone #	120 1030 813	Services, icc
CORPORATION NAME (CO. A. D. C. CT.		Office Use Only
CORPORATION NAME(S) & DOCUM	1ENT NUMBER(S), (if k	(nown): W01-17502
1. 00789-00809-001 (Corporation Name)	(Document)	900004502589—-8 -07/27/0101078005 *****125.00 *****125.00
2. (Corporation Name)	(Document #)	The second secon
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
	(Document #)	- · · · · · · · · · · · · · · · · · · ·
Walk in Pick up time		☐ Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	OJ AUG SECRETI
		FIL FANA
☐ Profit☐ Not for Profit	Amendment Resignation of R.A	
Limited Liability	Change of Registere	ed Agent CONTROL STATE OF A STATE
☐ Domestication ☐ Other	Dissolution/Withdra Merger	A Conficer/Director F OF STATE
OTHER FILINGS	REGISTRATION/QUA	· ·
Annual Report	☐ Foreign	•
Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	
CR2E031(7/97)	-	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2001

FLORIDA SURGICAL MONITORING SERVICES, LLC 10151 YORK RD., STE 120 COCKEYSVILLE, MD 21030

SUBJECT: FLORIDA SURGICAL MONITORING SERVICES, LLC

Ref. Number: W01000017502

We have received your document for FLORIDA SURGICAL MONITORING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 27, 2001. Please amend your document accordingly.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 601A00044005

Division of Company time. D.O. DOY 6907 F. U. 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA SURGICAL MONITORING SERVICES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: SURGICAL MONITORING SERVICES THE

10151 YORK Rd., Stc 120 Cockeysville, MD 21030

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	
liability company at the pla- registered agent and agree statutes relating to the prop	stered agent and to accept service of process for the above stace designated in this certificate, I hereby accept the appointnate to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiary position as registered agent as provided for in Chapter 608 of T Corporation System	nent as ovisions of all r with and
	Korri a Behler	~
The Limited Liability therefore, a manager - man Acticle Y Effectiv (An additi	e Date for LLC in FLORIDA is 8/9/20 ional article in last be added if an effective date is requested.	nt Secretary ers and is,
Лn	gnature of a member or an authorized representative of a member. accordance with section 608.408(3), Florida Statutes, the execution	E CA
of	this document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.) Telegraphy H. Owen	
	Typed or printed name of signee FILING FEES: 5 100 00 Filing Fee for Articles of Organization	AM 10: 35 of state e. florid

- \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)