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**LIMITED LIABILITY COMPANY**

**Daytona Beach Surgical Center, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
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**ARTICLES OF ORGANIZATION  
OF  
DAYTONA BEACH SURGICAL CENTER, LLC**  
a Florida limited liability company

THE UNDERSIGNED, pursuant to the provisions of Chapter 608, Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is Daytona Beach Surgical Center, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 120 Senech Street, Daytona Beach, FL 32114.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Carl W. Lentz, III, M.D., 120 Senech Street, Daytona Beach, FL 32114.
4. Management. The Company is to be managed by its Manager.

The undersigned has executed these Articles of Organization on the 21 day of August, 2001.

DAYTONA BEACH SURGICAL CENTER, LLC

By: Carl W. Lentz, III, M.D.  
Carl W. Lentz, III, M.D., Authorized Representative

*Jacquelyn Beach* 8-24-01



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# CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

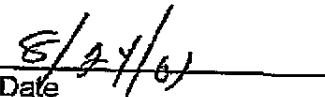
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDESIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Daytona Beach  
Surgical Center, LLC.
2. The name and address of the registered agent and office is:

Carl W. Lentz, III, M.D.  
120 Senech Street  
Daytona Beach, FL 32114

*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 its  
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.*

  
Carl W. Lentz, III, M.D.

  
Date

 8/24/01



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