

Division of Corporations

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**L01000018867****Florida Department of State**

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From: GAIL S. ANDRE'

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)843-4444

**PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION WITH AN EFFECTIVE DATE OF TODAY, NOVEMBER 1, 2001, AND RETURN TO ME A CERTIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

GAIL S. ANDRE

**LIMITED LIABILITY COMPANY****I-SURG, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
I-SURG, LLC

ARTICLE I - NAME

The name of this limited liability company is I-SURG, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1180 Spring Centre South, #116, Altamonte Springs, Florida 32714.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1180 Spring Centre South, #116, Altamonte Springs, Florida 32714 and the name of the initial registered agent of the Company at that address is Jeffrey B. Robin, M.D.

ARTICLE IV - MANAGEMENT

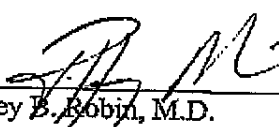
The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

Jeffrey B. Robin, M.D.  
\_\_\_\_\_  
Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

  
\_\_\_\_\_  
Jeffrey B. Robin, M.D.