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ACCOUNT NO. : 072100000032

REFERENCE : 244845 81087A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 7, 2001

ORDER TIME : 12:20 PM

ORDER NO. : 244845-005

CUSTOMER NO: 81087A

CUSTOMER: Lewis W. Fishman, Esq
Lewis W. Fishman, Esquire

Suite 1121
9130 South Dadeland Boulevard
Miami, FL 33156

DOMESTIC FILING

NAME: CENTER FOR SURGERY & DIGESTIVE
DISORDERS, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115
EXAMINER'S INITIALS:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
01 DEC -7 PM 1:11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

OB
12-7-01

ARTICLES OF ORGANIZATION
OF
CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C.

ARTICLE I

NAME

The name of this Limited Liability Company, organized in accordance with Chapter 608,
Florida Statutes, is **CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C.**

ARTICLE II

ADDRESS

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

3663 South Miami Avenue
Miami, Florida 33133

ARTICLE III

MANAGEMENT

The Limited Liability Company is to be a manager-managed Company.

ARTICLE IV

REGISTERED AGENT

The name and street address of the initial Registered Agent for service of process is:

Lewis W. Fishman
9130 South Dadeland Blvd.
Suite 1121
Miami, Florida 33156

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


IN WITNESS WHEREOF, the undersigned Member hereby executes these Articles of Organization for the purpose of forming the Limited Liability Company.

MERCY HOSPITAL, INC.

By: John E. Matuska
John E. Matuska, President

STATE OF FLORIDA)
) SS.
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me on the 4th day of December, 2001, by John E. Matuska, who is personally known to me or produced _____, as identification.

 Patricia E Rocha
My Commission CC826110
Expires April 12, 2003

Patricia E. Rocha
Notary Public, State of Florida

PATRICIA E. ROCHA
Printed Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C. at the place designated in its Articles of Organization, 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.

12/04/01
Date Signed


Lewis W. Fishman

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TALLAHASSEE, FLORIDA