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March 26, 2002

Honorable Katherine Harris  
Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Nawada Ambulatory Surgery Center, LLC

Dear Honorable Harris:

Enclosed herewith for filing are Articles of Organization for the above-captioned Limited Liability Company. A copy of the Articles is also enclosed to be certified and returned to this office at your earliest convenience.

Our firm check in the amount of \$155.00 is enclosed to cover the following costs:

Filing Fee	\$ 100.00
Certified Copy	30.00
Resident Agent Form	25.00

Total..... \$ 155.00

Thank you for your kind cooperation in this regard.

Very truly yours,

CHARLES R. CHILTON

CRC/pas  
Enclosures  
Cc: C.U. Nawada, M.D.

200005180442--3  
-04/01/02--01080--020  
\*\*\*\*155.00 \*\*\*\*155.00

FILED  
02 APR - 1 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L02-7911

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Nawada Ambulatory Surgical Center, LLC**

## ARTICLE II - Address:

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

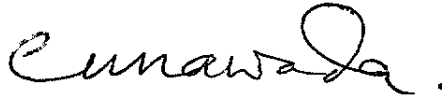
1121 1<sup>st</sup> Street, S  
Winter Haven, Florida 33880

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

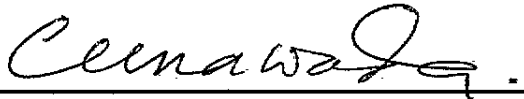
The name and the Florida street address of the registered agent are:

C. U. Nawada  
1121 1<sup>st</sup> Street, S  
Winter Haven, Florida 33880

*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.*



Registered Agent's Signature



By: C. U. Nawada, President

Signature of a member or an authorized representative of a member

(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.)

FILED  
02 APR - 1 AM  
TALLAHASSEE, FLORIDA