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ACCOUNT NO. : 072100000032

REFERENCE : 702833 7200721

AUTHORIZATION :

*Patricia Pijet*

COST LIMIT : \$ 125.00

ORDER DATE : August 13, 2002

ORDER TIME : 12:04 PM

ORDER NO. : 702833-005

CUSTOMER NO: 7200721

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CUSTOMER: Scott L. Glazier, Esq  
Glazier & Glazier, P.a.

8825 Perimeter Park Blvd.  
Suite 504  
Jacksonville, FL 32216

DOMESTIC FILING

NAME: MONUMENT-9A SURGERY CENTER,  
L.L.C.

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

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02 AUG 13 PM 2:08 RECEIVED

SECRETARY OF STATE 02 AUG 13 PM 12:48  
TALLAHASSEE, FLORIDA

MONUMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

L02-20582  
TC

**ARTICLES OF ORGANIZATION  
OF  
MONUMENT-9A SURGERY CENTER, L.L.C.**

The undersigned organizer, who is a member of MONUMENT-9A SURGERY CENTER, L.L.C. (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is MONUMENT-9A SURGERY CENTER, L.L.C.

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1201 Monument Road, Suite 101, Jacksonville, FL 32211.

**ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent is GLAZIER, P.A. 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

**ARTICLE IV - MANAGEMENT**

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

IN WITNESS WHEREOF, the undersigned organizer has executed the foregoing Articles of Organization on the 12<sup>th</sup> day of August, 2002.

  
\_\_\_\_\_  
ALVARO F. MORRELL, Organizer

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**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 618.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

1. The name of the Limited Liability Company is MONUMENT-9A SURGERY CENTER, L.L.C.
2. The name and the Florida street address of the registered agent and office is GLAZIER & GLAZIER, P.A., 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

MONUMENT-9A SURGERY CENTER, L.L.C.

By: \_\_\_\_\_

Alvaro F. Morrell  
A Member

The undersigned, having been named as registered agent for the above named limited liability company, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for MONUMENT-9A SURGERY CENTER, L.L.C. as provided for in Chapter 608, F.S.

**GLAZIER & GLAZIER, P.A.**

By: \_\_\_\_\_

Name: Scott L. Glazier  
Its: Vice President

Date: August 12, 2002.

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