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CORPORATE  
ACCESS,  
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

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1.) Urology Associates of Central Florida, P.L.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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3.) \_\_\_\_\_  
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4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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**ARTICLES OF ORGANIZATION  
OF  
UROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "UROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L."

**ARTICLE II — Address:**

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

99 Sixth Street, S.W.  
Winter Haven, FL 33880

**ARTICLE III — Registered Agent:**

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

Robert J. Stambaugh  
99 Sixth Street, S. W.  
Winter Haven, FL 33880

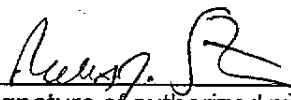
**ARTICLE IV — Management, and Purpose:**

The Company is to be managed by the members. The purpose is to engage in the the practice of medicine.

**ARTICLE V — Limitation on Agency Authority of Members:**

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10<sup>th</sup> day of October, 2002.

  
\_\_\_\_\_  
Signature of authorized representative  
ROBERT J. STAMBAUGH  
Typed or printed name of signee

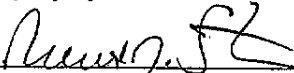
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
Signature of Registered Agent  
Robert J. Stambaugh  
\_\_\_\_\_  
Typed or printed name of signee

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