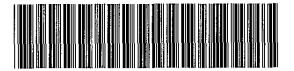
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(Requestor's Name)		
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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CT CORPORATION

January 22, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 FILED 1: 20

SECRETARISSEE, FLORIDA

TALLANIASSEE, FLORIDA

Re: C

Order #: 5772790 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Thoracic & Cardiovascular Surgeons, LLC (FL) Registration

Florida

Thoracic & Cardiovascular Surgeons, LLC (FL)

Cert Copy of Articles of Org

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Cooperate Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com CONTRACTOR PA 1, 20

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Thoracic & Cardiovascular Surgeons, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company
One Park Plaza, Nashville, TN 37203

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

CT Corporation System c/o CT Corporation System 1200 South Pine Island Road Plantation, FL 33324

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 statues 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.

ASSISTANT SECRETARY
Registered Agent's Signature

JENNIFER F AULTMA

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.)

David Denson, Assistant Secretary Typed or printed name of signee