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03 JUL 29 AM 9:58
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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Surgery Center Investors of Wellington, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
SURGERY CENTER INVESTORS OF WELLINGTON, LLC

I, the undersigned (*Member or authorized representative*), hereby makes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

SURGERY CENTER INVESTORS OF WELLINGTON, LLC

ARTICLE II
ADDRESS

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

10115 Forest Hill Boulevard, Suite 400
Wellington, Florida 33414

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT


The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its members and is, therefore, a member-managed company.

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ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at Wellington, Florida, for the uses and purposes aforesaid, this 28th day of July, 2003.



Seth Herbst, M.D., Chairman of Management
Committee

FILED
03 JUL 29 PM 10:03
CLERK OF DISTRICT COURT
JUL 29 2003

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

SURGERY CENTER INVESTORS OF WELLINGTON, LLC

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

Dr. Seth Herbst
10115 Forest Hill Boulevard
Suite 400
Wellington, FL 33414

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



Dr. Seth Herbst, Registered Agent

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