

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

DIVISION OF CORPORATIONS

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## LIMITED LIABILITY COMPANY

Bay Area Physician's Surgery Center, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bay Area Physician's Surgery Center, LLC

**ARTICLE II - Address:**

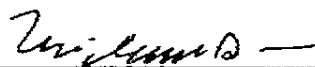
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**500 Vonderburg Drive, Suite 201EBrandon, Florida 33511**Mailing Address:**500 Vonderburg Drive, Suite 201EBrandon, Florida 33511**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael D. MillerName601 Bayshore Boulevard, Suite 700Florida street address (P.O. Box **NOT** acceptable)Tampa, FLORIDA 33606City, State, and Zip

*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, Florida Statutes..*

Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMJames E. Alver, M.D.  
500 Vonderburg Drive, Suite 201E  
Brandon, Florida 33511

(Use attachment if necessary)

**REQUIRED SIGNATURE:**  
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.)

James E. Alver, M.D., Member

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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