

L040000037106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

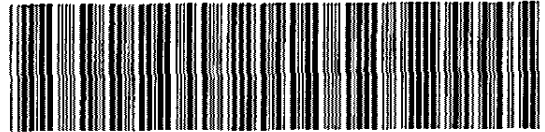
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAY 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATIONS
TALLAHASSEE, FLORIDA

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967556
May 17, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Surgical Associates of North Florida, LLC

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

| NEW FILINGS | |
|-------------|-------------------|
| | Profit |
| | Non Profit |
| X | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|------------------------------------|
| | Amendment |
| | Resignation of RA Officer/Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| OTHER FILINGS | |
|---------------|------------------|
| | Annual Reports |
| | Fictitious Name |
| | Name Reservation |
| | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| | Foreign |
| | Limited Liability |
| | Reinstatement |
| | Trademark |
| | Other |

**ARTICLES OF ORGANIZATION
OF
SURGICAL ASSOCIATES OF NORTH FLORIDA, LLC**

The undersigned, being authorized to execute and file these Articles of Organization for the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 608.401 to 608.471, hereby certifies that:

FIRST: The name of the Limited Liability Company is: Surgical Associates of North Florida, LLC.

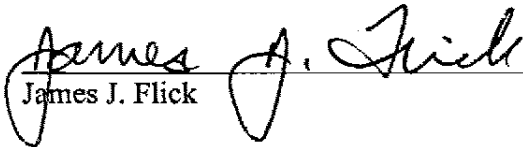
SECOND: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 608.401 to 608.471, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The street address of the initial registered office of the Limited Liability Company in Florida is 112 Lake Avenue, Orlando, Florida 32801, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is James J. Flick.

FOURTH: The mailing address of the Limited Liability Company is P.O. Box 3127, St. Augustine, FL 32085-3127 and the street address of the principal office of the Limited Liability Company is 2460 Old Moultrie Road, Suite 3, St. Augustine, FL 32086.

FIFTH: The Limited Liability Company will be operated by Managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a Member and acknowledged them to be my act this 14 day of May, 2004.

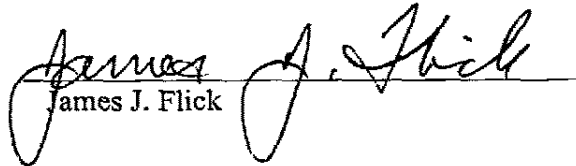

James J. Flick

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for Surgical Associates of North Florida, LLC, hereby voluntarily consent to serve as Registered Agent for Surgical Associates of North Florida, LLC.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: May 14, 2004.


James J. Flick