

FROM : GASSMAN

Division of Corporations

FAX : (850) 443-5829

Page 1 of 1

L04000050625

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000140764 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

RECEIVED
04 JUL -7 AM 10:10
TALLAHASSEE, FLORIDA

FILED

RECEIVED

04 JUL -7 PM 3:40

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
WEST PARK SURGERY CENTER, L.L.C.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

FROM : GASSMAN

FAX NO. : 7274435829

Jul. 07 2004 02:06PM P2

Audit Fax No: H040001407643

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **WEST PARK SURGERY CENTER, L.L.C.**

ARTICLE II - Address:

The mailing address of the Limited Liability Company is:

P.O. Box 7048, Seminole, FL 33775

The street address of the Limited Liability Company is:

6662 78th Avenue North, Pinellas Park, FL 33775

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alan S. Gassman

Name


1245 Court Street, Suite 102

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756

City, 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, F.S.


Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)


ALAN S. GASSMAN, ESQUIRE

J:\AFriedman, Charles\West Park Surgery Center, LLC\Articles of Organization.wpd
jas 7-7-04

ARTICLES OF ORGANIZATION OF WEST PARK SURGERY CENTER, L.L.C.

PAGE 1

Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #: H040001407643