Division of Corporations Public Access System

2004 SEP -8 A 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850) 205-0383

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Account Name

. C T CORPORATION SYSTEM

Account Number : FCA000000023

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LIMITED LIABILITY COMPANY

CHC/USP Surgery Centers, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2004 SEP -8 A 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CHC/USP Surgery Cente	rs, LLC	
ARTICLE II - Addi	:ess:	
The mailing address	and street address of	he principal office of the Limited Liability Company
Principal Office Ad	iress:	Mailing Address:
5305 Dailas Parkway, St	site 1600	15305 Dallas Parkway, Suite 1600
Addison, TX 75001		Addison, TX 75001
		
·		
ARTICLE III - Reg	stered Agent, Regis	ered Office, & Registered Agent's Signature:
		ered Office, & Registered Agent's Signature: the registered agent are:
	rida street address of	the registered agent are:
	rida street address of	the registered agent are:
	crida street address of	the registered agent are: reporation System lame
	c T Co	the registered agent are: reporation System ante th Pine Island Road
	c T Co	the registered agent are: reporation System lame
The name and the Flo	c T Co	the registered agent are: reporation System ante th Pine Island Road

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...

CT Corporation System
CONNIE BRYAN

By: Conin Buy SPECIAL ASSISTANT SECRETARY

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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ARTICLE IV-Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follow [Title: Name and Address:		4 SEP -8 CRETARY O	A 10: 45 F STATE
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	.AHASSEE,	FLÖRIÐA
MGRM	USP Sarasota, Inc. 15305 Dallas Parkway, Suite 1600 Addison, TX 75001		
!			
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is request	∍d.	
REQUIRED SIGNATURE:			
alex Aculcin Signature of a member or an ar	athorized representative of a member.		

Typed or printed name of signee

Filing Fees;

5100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2

(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.)

USP Sarasota, Inc., Alex Jenkins, Assistant Secretary