

L05000062508

08/23/05 11:41 FAX 000000

COHEN CH

001

Division of Corporations

Page 1 of 1

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.

((H05000154202 3)))

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

RECEIVED
05 JUN 23 PM 3:15
DIVISION OF CORPORATION

To:

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

From:

Account Name : COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.
Account Number : 102450002676
Phone : (305) 670-0201
Fax Number : (305) 670-6152

LIMITED LIABILITY COMPANY

KEY WEST SURGICAL CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02-3
Estimated Charge	\$155.00

FILED
2005 JUN 23 A 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	
Availability	
Document Examiner	
Updater	
Printer	
Verifier	
Online Payment	
https://efile.sunbiz.org/scripts/efilcovr.exe	
W. P. Verifier	

Electronic Filing Menu

Corporate Filing

Public Access Help

6/22/2005

H05000154202

ARTICLES OF ORGANIZATION
OF
KEY WEST SURGICAL CENTER, LLC

ARTICLE I - NAME

The name of this Limited Liability Company is Key West Surgical Center, LLC.

ARTICLE II - EXISTENCE

The existence of this Company shall commence on the day of filing these Articles of Organization. The duration of the Company shall be perpetual.

ARTICLE III - PRINCIPAL OFFICE

The Company's principal office shall initially be located at 1605 State Street, Augusta, Kansas 67010. The Company's mailing address shall, initially, be located at the same address.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Company and the name of the initial registered agent of this Company at such address are as follows:

REGISTERED AGENT

Alan R. Chase, Esquire

STREET ADDRESS OF
REGISTERED OFFICE

9400 S. Dadeland Boulevard,
Miami, Florida 33156

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 R. Chase, Agent for Member

H05000154202

FILED
2005 JUN 23 A 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000154202

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby accept the appointment as registered agent and agree to act in that 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 Florida Statutes, Chapter 608.


Alan R. Chase, Registered Agent

F:\BEN\PARAV\FILED\ST\WBT\ARTICLES\WFD

FILED

2005 JUN 23 A 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000154202