

L05 0000 66133

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

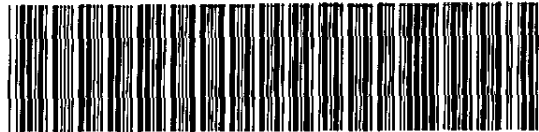
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05 JUL -5 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
05 JUL -5 PM 1:51
STATE OF FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 07/05/2005

REF. #: 000153.39831

CORP. NAME: BROOKSVILLE SURGERY CENTER PHYSICIANS REALTY, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 513216 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
BROOKSVILLE SURGERY CENTER PHYSICIANS REALTY, LLC**

FILED
05 JUL -5 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I
Name**

The name of the Company is **BROOKSVILLE SURGERY CENTER PHYSICIANS REALTY LLC**.

**ARTICLE II
Principal Office and Mailing Address**

The principal office and mailing address of the Company is 201 North Franklin Street, Suite 2200, Tampa, Florida 33602.

**ARTICLE III
Initial Registered Agent and Office**

The street address of the initial registered office of the Company is: 201 North Franklin Street, Suite 2200, Tampa, Florida 33602, and the name of its initial registered agent at that address is: Michael J. Nolan.

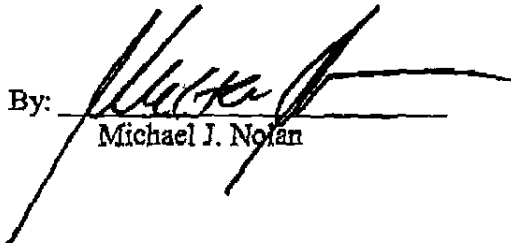
**ARTICLE IV
Organizing Member**

The name and address of the member of the Company executing these Articles of Organization are: Michael J. Nolan, 201 North Franklin Street, Suite 2200, Tampa, Florida 33602.

**ARTICLE V
Management**

The Company shall be a manager-managed company.

Dated effective as of this 4th day of July, 2005.

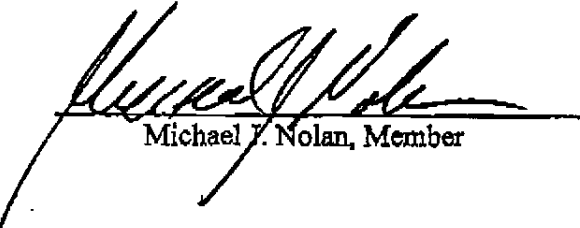
By: 
Michael J. Nolan

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 4th day of July, 2005.

REGISTERED AGENT:


Michael J. Nolan, Member