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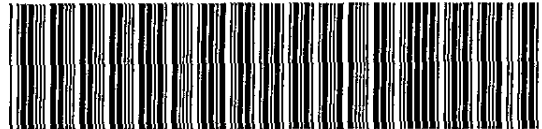
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**LAW OFFICES OF  
J. KELLY KENNEDY**

198 1<sup>st</sup> St S  
Winter Haven, FL 33880-3004



**J. KELLY KENNEDY**  
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**AREAS OF PRACTICE:**  
Wills, Estates, Estate Planning,  
Real Property Law, Taxation,  
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**REPLY TO:**  
PO Box 7604, Winter Haven, FL 33883-7604  
Tel: (863) 294-1114 Fax: (863) 294-8937

July 13, 2005

Division of Corporation  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: GARROVILLO SURGICAL CARE, LLC

Dear Sir:

Enclosed herewith for filing are Articles of Organization for the above-captioned limited liability company. A copy of the Articles of Organization is also enclosed to be certified and returned to the undersigned.

Our firm's check in the amount of \$155.00 is enclosed to cover the following costs:

Filing Fee	\$ 100.00
Registered Agent	25.00
Certified Copy	<u>30.00</u>
<b>Total</b>	<b>\$ 155.00</b>

Thank you for your cooperation in this matter.

Sincerely yours,

*J. Kelly Kennedy / RK*

J. KELLY KENNEDY, ESQUIRE

JKK/rh

Enclosures  
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**ARTICLES OF ORGANIZATION  
FOR  
GARROVILLO SURGICAL CARE, LLC**

**ARTICLE I  
NAME**

The name of this Limited Liability Company shall be **GARROVILLO SURGICAL CARE, LLC**.

**ARTICLE II  
DURATION**

This Limited Liability Company shall exist perpetually from the date of filing with the Secretary of State of the State of Florida.

**ARTICLE III  
PURPOSE**

This Limited Liability Company is organized for the purpose of conducting medical surgery and such other lawful business in the State of Florida.

**ARTICLE IV  
PLACE OF BUSINESS**

The place of business of this Limited Liability Company shall be at the following street address: 40100 Highway 27, Davenport, Florida 33837, and such other place or places as the member(s) from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: Heart of Florida Regional Medical Center, 40100 Highway 27, Davenport, Florida 33837.

**ARTICLE V  
INITIAL REGISTERED AGENT AND OFFICE**

The initial registered agent of the Limited Liability Company shall be **MEL FRANCIS GARROVILLO**. The initial registered office address shall be: Heart of Florida Regional Medical Center, 40100 Highway 27, Davenport, Florida 33837.

**ARTICLE VI**  
**MANAGEMENT**

The Limited Liability Company will be managed by an initial Manager, **MEL FRANCIS GARROVILLO**. **MEL FRANCIS GARROVILLO** shall serve as initial Manager until the first organizational meeting of members or until his successor is elected and qualifies. The name and address of the initial Manager is:

**MEL FRANCIS GARROVILLO**  
40100 Highway 27  
Davenport, Florida 33837.

**ARTICLE VII**  
**ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: additional members are to be admitted as members of the company only by the unanimous vote of the subscriber(s) and in accordance with applicable law.

**ARTICLE VIII**  
**AMENDMENT OF ARTICLES OF ORGANIZATION**

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Limited Liability Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

**ARTICLE IX**  
**TRANSFERABILITY OF MEMBER'S INTEREST**

An interest of a Member of this Limited Liability Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Limited Liability Company and in accordance with applicable law.

**IN WITNESS WHEREOF**, the party hereto has executed these Articles of Organization on the 11<sup>th</sup> day of July, 2005.

  
\_\_\_\_\_  
**MEL FRANCIS GARROVILLO, Manager and Member**

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STATE OF NEW YORK

COUNTY OF NEW YORK

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of July, 2005, by **MEL FRANCIS GARROVILLO**, who personally appeared before me, who is known to me to be the person who executed the foregoing Articles of Organization and produced A NEW YORK STATE DRIVER LICENSE as identification or is personally known to me.

(SEAL)

Ria Kimber  
Printed Name: RIA KIMBER  
Notary Public

RIA KIMBER  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 01K16097430  
QUALIFIED IN NEW YORK COUNTY  
MY COMMISSION EXPIRES AUG. 18, 2007

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## REGISTERED AGENT ACCEPTANCE

Having been named as registered agent, to accept service of process for **GARROVILLO SURGICAL CARE, LLC**, at the place designated, I hereby accept the appointment as Registered Agent, and state that I am familiar with and accept the duties, obligations and responsibilities as Registered Agent, including those specified in Chapter 608 of the Florida Statutes.

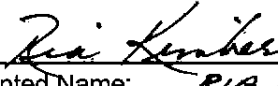
Dated: JULY 11, 2005.

  
**MEL FRANCIS GARROVILLO, Registered Agent**

**STATE OF NEW YORK**  
**COUNTY OF NEW YORK**

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of July, 2005, by **MEL FRANCIS GARROVILLO**, who personally appeared before me, and produced A NEW YORK STATE DRIVER LICENSE as identification or is personally known to me.

(SEAL)

  
Printed Name: RIA KIMBER  
Notary Public

