

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-2092
Fax Number : (850) 878-5926

LIMITED LIABILITY COMPANY

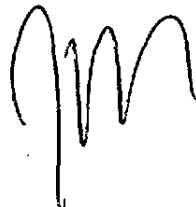
Tri-City Surgery Center, L.L.C.

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tri-City Surgery Center, L.L.C.**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:3200 US Highway SSuite 205Sebring, FL 33870**Mailing Address:**3200 US Highway SSuite 205Sebring, FL 33870**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation, FL 33324

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.

Barbara A. Stuewe
Registered Agent's Signature **Barbara Stuewe**
Assistant Secretary

(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 follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mark Jawahir, M.D.

2801 Lakeview Drive

Sebring, FL 33870

MGR

L. Francisco Espallat, M.D.

723 US Highway 27 S

Sebring, FL 33870

MGR

Kevin Robinson, M.D.

3200 US Highway S Suite 205

Sebring, FL 33870

SEE ATTACHMENT

SEE ATTACHMENT

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)



(Typed or printed name of signer)

Filing Fee:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 20.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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ADDITIONAL MANAGERS
TRI-CITY SURGERY CENTER, L.L.C.

MGR Placido Roquiz, Jr., M.D.
6801 U.S. Highway 27 N Suite D3
Sebring, FL 33870

MGR Jose Thomas-Richards, M.D.
3750 Emergency Lane Suite 1
Sebring, FL 33870

MGR Cataract and Laser Center Partners, L.L.C.
dba Ambulatory Surgical Centers of America
124 Washington Street Suite 4
Norwell, MA 02061

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