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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

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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:	**Mailing Address:**
3200 US Highway 8	3200 US Highway 8
Suite 205	Suite 205
Sebring, FL 33870	Sebring, 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 Road
Florida 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.

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Registered Agent's Signature: Laverlee Stuewe
Assistant Secretary

(CONTINUED)

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 8 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.)

ROBERT WESTERGARD
(Typed or printed name of signee)

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Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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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