

LD5 0000 89929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

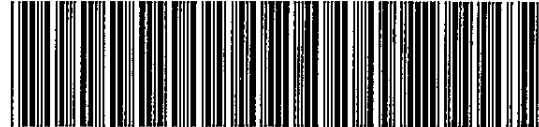
(Business Entity Name)

(Document Number)

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TALLAHASSEE
FLORIDA

9/13/05
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SURGERY CENTRE, L.L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane T. Carter
Brown McCarroll, L.L.P.
111 Congress Avenue, Suite 1400
Austin, Texas 78701

For further information concerning this matter, please call:

Diane T. Carter at (512) 703-5758

Enclosed is a check for the following amount:

- | | | | |
|-----------------------|--|---|---|
| • \$125.00 Filing Fee | • \$130.00 Filing Fee &
Certificate of Status | • \$155.00 Filing Fee &
Certified Copy
(additional copy enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy enclosed) |
|-----------------------|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SURGERY CENTRE, 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:

1070 North Stone Street, Suite D
DeLand, Florida 32720

Mailing Address:

1070 North Stone Street, Suite D
DeLand, Florida 32720

ARTICLE III - Registered Agent, Registered Office & Signature:

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

Name:

Rob Fulbright

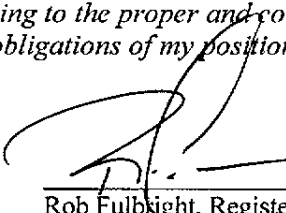
Florida Street Address:

701 West Plymouth Avenue

City, State, and Zip:

DeLand, Florida 32720

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

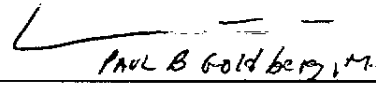

Rob Fulbright, Registered Agent

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CLERK OF STATE
FLORIDA

ARTICLE IV - Management:

The Limited Liability Company is to be managed by Managers.

REQUIRED SIGNATURE:


Paul B. Goldberg, M.D., 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.)