Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050002421363)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

(850)205~038;

From:

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number

: 075471001363

Phone

: (305)374-5600

Fax Number

: (305)374-5095

95 OCT 12 PH 3: 57

LIMITED LIABILITY COMPANY

CORAL VIEW SURGERY CENTER, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

28123-121121

Electronic Filing Manu-

Composite Filipp

Public Access Halp

4 DOT 1 3 2005



Akerman, Senterfitt & Eldson, P.A. One Southeast Third Avenue, 28th Floor Minmi, Florida 33131-1704 Tel: (305) 374-5600

Fax: (305) 374-5095

SHEET. RPOSES.

PLEASE DO NOT FAX COVER SHEET. THIS IS ONLY FOR BILLING PURPOSES. THANKS!

FAX NUMBER: (850) 205-0383

PLEASE DELIVER THE ACCOMPANYING TELECOPIED MATERIAL TO: NAME: DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIP	October 12, 2005 Client/Matter: 28123-121121
PHONE: (850) 487 6937 Firm/Company Name: DIVISION OF CORPORATIONS	City, State: Tallahassee, Florida

SENDER'S NAME: Nery C. Toledo, Legal Assistant

RE: CORAL VIEW SURGERY CENTER, L.L.C.

PLEASE CALL (305) 374-5600 IMMEDIATELY
IF ANY PAGES ARE NOT RECEIVED OR RECEIVED IN ERROR.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS TO THE ATTENTION OF THE SENDER VIA THE U.S. POSTAL SERVICE OR AS OTHERWISE DIRECTED BY TELEPHONE. THANK YOU.

Made 12 Mills

(H05000242136)

ARTICLES OF ORGANIZATION OF CORAL VIEW SURGERY CENTER, L.L.C.

ARTICLE I: - Name

The name of the Limited Liability Company is:

CORAL VIEW SURGERY CENTER, L.L.C.

ARTICLE II: - Address

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

8390 West Flagler Street, Suite 216 Miami, Florida 33144

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

American Information Services, Inc. One Southeast Third Avenue Suite 2800 Miami, Florida 33131

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.

American Information Services, Inc.

Type O. Usecon, Assistant Secretary

Registered Agent

Marshall R. Burack, Esq.

Authorized Representative of a Member

Signed and dated this and day of October, 2005.

(HU5000242136) {M2320586;1}