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To:

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From:

Account Name

: QUARLES & BRADY LLP

Account Number : 120000000067

Phone

: (239)262-5959

Fax Number

: (239) 434-4999

LIMITED LIABILITY COMPANY

SPECIALTY SURGERY CENTER, LLC

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ARTICLES OF ORGANIZATION OF SPECIALTY SURGERY CENTER, LLC

The undersigned authorized agent of the initial Members of the limited liability company hereby certifies that the Members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, provided for the formation, rights, privileges, and immunities of limited liability companies for profit.

I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I NAME

The name of the limited liability company shall be Specialty Surgery Center, LLC (the "Company").

ARTICLE II ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be: 1660 Medical Blvd., Suite 100, Naples, Florida 34110.

ARTICLE III REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: Naples-Lawdock, Inc., 1395 Panther Lane, Suite 300, Naples, Florida 34109.

ARTICLE IV DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization or in the Company's Operating Agreement.

ARTICLE V MANAGEMENT

This limited liability company shall be managed by its managers and shall be a manager-managed company.

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ARTICLE VI RESTRICTIONS ON MEMBERSHIP

The Members shall have the right to admit new Members upon making such contributions as are set out in the Operating Agreement and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

ARTICLE VII MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or other dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the Company, the existence of the Company shall continue.

Executed by the undersigned at Naples, Florida on the 13th day of December, 2005.

Kimberly Leach Johnson, Esq. Authorized Representative

STATE OF FLORIDA COUNTY OF COLLIER

BEFORE ME the undersigned authority, this 13th day of December, 2005, personally appeared Kimberly Leach Johnson, Esq., who is personally known to me.

ANA M. BALIDO MY COMMISSION # DD 431421 EXPIRES: May 22, 2009 roled thro Notary Public Underyo

Notary Public - State of Florida

Printed Name: Ann M. Ba

My commission expires: 5 - 22

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CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

THE NAME OF THE LIMITED LIABILITY COMPANY IS SPECIALTY SURGERY CENTER, LLC.

THE NAME OF THE INITIAL REGISTERED AGENT OF THE LIMITED LIABILITY COMPANY IS NAPLES-LAWDOCK, INC., AND THE ADDRESS OF THE OFFICE OF THE REGISTERED AGENT IS 1395 PANTHER LANE, NAPLES, FLORIDA 34109.

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being named in the Articles of Organization of SPECIALTY SURGERY CENTER, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accept the obligations of the position of registered agent.

Date: December 13, 2005

NAPLES-LAWDOCK INC.

A Horida Corporation

KIMBERLY LEACH JOHNSON
Its Secretary

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