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.

(((H06000042176 3)))

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

Fax Number

: (850)205-0383

From:

Account Name

: HUBCO

Account Number : 104662003400

Fax Number

: (51,6)935-3940 : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Boca Clinic Surgicenter, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H06000042176

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED	LIABILITY COMPANY
ARTICLE I - Name	
The name of the Limited Liability Company is: Boca Clin	ric Surgicenter, LLC
ARTICLE II - Address The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6400 Congress Avenue, Suite 1400	6400 Congress Avenue, Suite 1400
Boca Raton, FL 33487	Boca Raton, FL 33487

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

Nat	Nathan Nachlas	
 .	Name	
640	Congress Avenuc, Suite 1400	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
Boc	a Raton, FL 33487	
	(City / State / 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.

Registered Agent's Signature - Nathan Nachlas

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Nathan E. Nachlas- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member of 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.) Nathan E. Nachlas Typed or printed name of signee