

Florida Department of State

Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.**St. Augustine Surgery Center, L.L.C.**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

St. Augustine Surgery Center, L.L.C.

(Indicate with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "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:**c/o ASCOA
124 Washington Street, Ste 4
Norwell, MA 02061c/o ASCOA
124 Washington Street, Ste 4
Norwell, MA 02061**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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, Florida 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 602, F.S.

[Signature]
Registered Agent's Signature (ink) (initials)Borvi M. DeSanbeck
Special Assistant Secretary(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):
 The name and address of each Manager or Managing Member is as follows:

Title:
 "MGR" - Manager
 "MORM" - Managing Member

Name and Address:

SEE ATTACHED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.

On accordance with section 808.408(3), Florida Statute, the execution of this document constitutes an admission under the penalty of perjury that the facts stated herein are true.

BENOIT C. PINEAU
 Typed or printed name of signor

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 25.00 Certified Copy (Optional)
- \$ 1.00 Certificate of Status (Optional)

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ATTACHMENT A**To Article IV of the Articles of Organization for Florida Limited Liability Company**

<u>Title</u>	<u>Name</u>	<u>Address</u>
MGRM	Kalpina Depasquale, M.D.	1301 Plantation Island Dr., Unit 401 St. Augustine, FL 32080
MGRM	Howard Epstein, M.D.	2460 Old Moultrie Rd., Suite 5 St. Augustine, FL 32086
MGRM	William Oktavec, M.D.	301 Health Park Blvd., Suite 110 St. Augustine, FL 32086
MGRM	Elena Stancescu, M.D.	105 South Park Blvd., Suite C-300 St. Augustine, FL 32086
MGRM	Ben Pineau, M.D.	301 Health Park Blvd., Suite 110 St. Augustine, FL 32086
MGRM	John Vassallo, M.D.	3780 US 1 South St. Augustine, FL 32086
MGRM	Todd Northrup, M.D.	150 South Park Blvd., Suite 102 St. Augustine, FL 32086
MGRM	Lawrence Laudicina, MD.	150 South Park Blvd., Suite 102 St. Augustine, FL 32086
MGRM	Coni Taliaferro, M.D.	300 Health Park Blvd., Suite 5008 St. Augustine, FL 32086
MGRM	Tom Bombardier, M.D.	124 Washington St. Ste 4 Norwell, MA 02061

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