

L060000 59717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

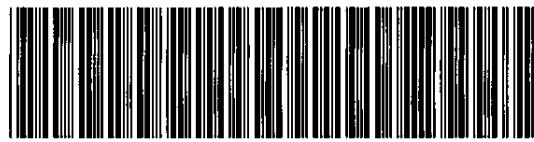
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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TALLAHASSEE, FLORIDA

CONTACT: ED

DATE: 06/12/06

REF. #: 0177.53473

CORP. NAME: SURGERY PARTNERS OF OCALA, LLC

ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CANCELLATION
 OTHER:

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF SURGERY PARTNERS OF OCALA, LLC

The undersigned, being authorized to execute and file these Articles of Organization of **SURGERY PARTNERS OF OCALA, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

SURGERY PARTNERS OF OCALA, LLC

ARTICLE II — Address:

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

4726 North Habara Avenue
Suite 204
Tampa, Florida 33614

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, Florida 32301

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI — Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.



Michael T. Doyle
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SURGERY PARTNERS OF OCALA, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

CorpDirect Agents, Inc.

By: Ed L
Print Name: Ed Lacy
Title: Asst. Secretary

Dated: June 12, 2006