

LD6000078967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*MSK*

Office Use Only



900078162769

08/10/06--01030--009 \*\*125.00

FILED

06 AUG 10 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 AUG 10 PM 1:27

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 08/10/06

REF. #: 000177.56014

CORP. NAME: SURGERY PARTNERS MANAGEMENT, LLC

FILED  
06 AUG 10 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 518107 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
SURGERY PARTNERS MANAGEMENT, LLC**

**FILED**  
06 AUG 10 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**SURGERY PARTNERS MANAGEMENT, LLC**

**ARTICLE II — Address:**

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

4726 North Habana 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:

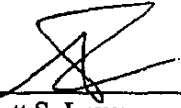
CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

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.

  
\_\_\_\_\_  
Scott S. Lowe  
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SURGERY PARTNERS MANAGEMENT, 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:

Print Name: Patricia Tadlock

Title: Assistant Secretary

Dated: August 10<sup>th</sup>, 2006