

206000096067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

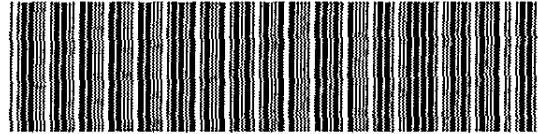
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARÁN CORREA GUARCH & SHAPIRO, P.A.

Attorneys at Law
255 University Drive
Coral Gables, Florida 33134
Telephone: (305) 665-3400
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Cary Herrera
CHERRERA@ACG-LAW.COM

September 29, 2006

Ms. Agnes Lunt
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

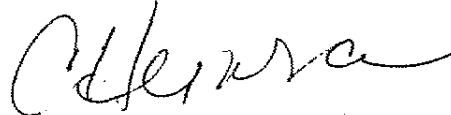
RE: The Surgery Center of Coral Gables, LLC

Dear Ms. Lunt:

As per our telephone conversation, enclosed please find copy of Cover Letter previously sent to you and original Articles of Organization for Florida Limited Liability Company duly signed for the above referenced client.

Should you have any questions, thoughts or comments, kindly contact us at the number above.

Very truly yours,
ARÁN CORREA GUARCH & SHAPIRO, P.A.



Cary Herrera
Legal Assistant

FSA/ch

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SURGERY CENTER OF CORAL GABLES, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

FERNANDO S. ARAN

(Contact Person)

ARAN CORREA GUARCH & SHAPIRO, P.A.

(Firm/Company)

255 UNIVERSITY DRIVE

(Address)

CORAL GABLES, FLORIDA 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

FERNANDO S. ARAN

(Name of Contact Person)

at (305) 665-3400

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees

(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees

and Certificate of
Status

☐ \$180.00 Filing Fees

and Certified Copy

☐ \$185.00 Filing Fees,

Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

THE SURGERY CENTER OF CORAL GABLES, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of TENNESSEE
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/07/2000

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

THE SURGERY CENTER OF CORAL GABLES, LLC

(Enter Name of Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 12 day of SEPTEMBER 20 06.

Signature of Authorized Person: _____

Printed Name: Alberto Garcia Title: MANAGER

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

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mailed 9/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SURGERY CENTER OF CORAL GABLES, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

FERNANDO S. ARÁN

(Contact Person)

ARÁN CORREA GUARCH & SHAPIRO, P.A.

(Firm/Company)

255 UNIVERSITY DRIVE

(Address)

CORAL GABLES, FLORIDA 33134

(City, State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 29 P 12:25

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For further information concerning this matter, please call:

FERNANDO S. ARÁN

(Name of Contact Person)

at (305) 665-3400

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| ☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | ☐ \$155.00 Filing Fees
and Certificate of
Status | ☐ \$180.00 Filing Fees
and Certified Copy | ☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is:

THE SURGERY CENTER OF CORAL GABLES, LLC

ARTICLE II - ADDRESS

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

1097 Le Jeune Road, Second Floor
Coral Gables, Florida 33134.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE**

The name of the Florida street address of the registered agent are:

Fernando S. Arán, Esq.
Arán Correa Guarch & Shapiro, P.A.
255 University Drive
Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in the 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 property 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, Florida Statutes.



Registered Agent's Signature

**ARTICLE IV
Manager:**

The name and address of the Manager is as follows:

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Title
MGR

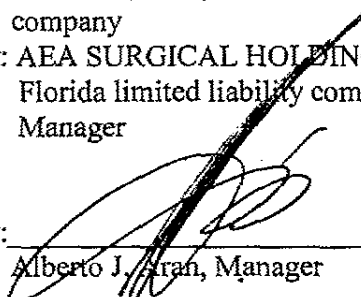
Name And Address:
AEA SURGICAL HOLDINGS, LLC
1097 Le Jeune Road, Second Flr.
Coral Gables, FL 33134

(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.)

THE SURGICAL CENTER OF CORAL
GABLES, LLC, a Florida limited liability
company

By: AEA SURGICAL HOLDINGS, LLC, a
Florida limited liability company,
Manager

By:


Alberto J. Aran, Manager

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TALLAHASSEE, FLORIDA