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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PALM BEACH SURGICAL GROUP LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
PALM BEACH SURGICAL GROUP LLC

ARTICLE II ADDRESS

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

255 EVERNIA ST APT 1008
WEST PALM BEACH FL 33401-5686

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT SIGNATURE

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

LUIS R. ROSAS
255 EVERNIA ST APT 1008
WEST PALM BEACH FL 33401-5686

Having been named as registered agent 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..



LUIS R. ROSAS Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

LUIS R. ROSAS

255 EVERNIA ST APT 1008

WEST PALM BEACH FL 33401-5686

x

Signature of a member or an 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.

NAME OF SIGNER LUIS R. ROSAS

Typed or printed name of signee

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