

106000/06017

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Surgery Center of Key West, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

106017
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Surgery Center of Key West, LLC

(Must end 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:

3136 Northside Dr. Suite 1
Key West, FL 33040

Mailing Address:

3136 Northside Dr. Suite 1
Key West, FL 33040

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

FL 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 608, F.S.

By: Sarah B. Ayala

Sarah B. Ayala
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Paul Maurer, MD

3708 N. Roosevelt Blvd.

Key West, FL 33040

MGRM

Juan Larrauri, MD

3136 Northside Dr. Suite 1

Key West, FL 33040

MGRM

Rhoda Smith, MD

3136 Northside Dr. Suite 1

Key West, FL 33040

SEE EXHIBIT A FOR EXTENDED

LIST OF MEMBERS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: n/a (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.

(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.)

By: Michael Klüenick, M.D.

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Exhibit A
Extended List of Members

Larraui, Klitenick & Smith Profit Sharing Plan f/b/o
Michael Klitenick, M.D.
3136 Northside Dr. Suite 1
Key West, FL 33040

D. Michael Jones, MD
1438 Kennedy Drive
Key West, FL 33040

David Fulcher, MD
17219 Oleander Ln.
Sugarloaf Key, FL 33042

MRE Gonzalez-Blanco Family, LLP
(Ed Gonzalez-Blanco, MD)
1111 - 12th St. Ste. 108
Key West, FL 33040

Don Harrell, MD
1200 Kennedy Drive Ste. 105
Key West, FL 33040

Andrew Woloszak, M.D.
8151 Overseas Hwy
Marathon, FL 33050

Cataract and Laser Center Partners, L.L.C. d/b/a
Ambulatory Surgical Centers of America
124 Washington St Ste 4
Norwell, MA 02061

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