

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000106973
FILED 8:00 AM
November 03, 2006
Sec. Of State
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Article I

The name of the Limited Liability Company is:

PEMBROKE PINES AMBULATORY SURGERY CENTER LLC

Article II

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

17759 SW 2ND STREET
PEMBROKE PINES, FL. US 33029

The mailing address of the Limited Liability Company is:

17759 SW 2ND STREET
PEMBROKE PINES, FL. US 33029

Article III

The purpose for which this Limited Liability Company is organized is:

MEDICAL SERVICES

Article IV

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

ALLEN LEVI
20590 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL. 33029

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.

Registered Agent Signature: ALLEN LEVI

Article V

The name and address of managing members/managers are:

Title: MGR
JAY FINE
17759 SW 2ND STREET
PEMBROKE PINES, FL. 33029 US

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Signature of member or an authorized representative of a member

Signature: ALLEN LEVI