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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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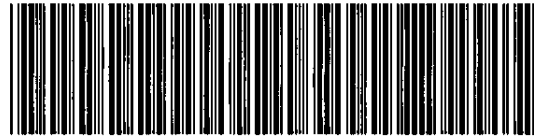
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 MAR -5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 786625 7545610

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
07 MAR -5 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 5, 2007

ORDER TIME : 1:19 PM

ORDER NO. : 786625-005

CUSTOMER NO: 7545610

DOMESTIC FILING

NAME: SURGICARE OF BOCA RATON, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
SURGICARE OF BOCA RATON, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **SURGICARE OF BOCA RATON, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

SURGICARE OF BOCA RATON, LLC

ARTICLE II — Address:

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

**Beacon Square Professional Campus
8051 Beacon Square Boulevard
Boca Raton, Florida 33487**

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:

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

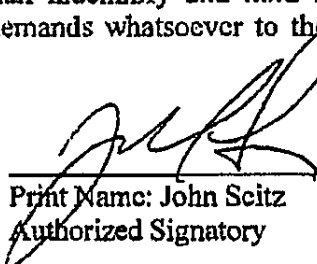
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CLERK OF STATE

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 to the greatest extent permitted under Florida law.



Print Name: John Seitz
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**SURGICARE OF BOCA RATON, 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.

Corporation Service Company

By: Ann R. ShillingPrint Name: ANN R. ShillingTitle: ASST V.P.Dated: 3/5, 2007