

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

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FILED 8:00 AM
April 03, 2007
Sec. Of State
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Article I

The name of the Limited Liability Company is:

VILLAGES ENDOSCOPY & SURGICAL CENTER, L.L.C.

Article II

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

10900 S.E. 174TH PLACE
SUMMERFIELD, FL. 34491

The mailing address of the Limited Liability Company is:

10900 S.E. 174TH PLACE
SUMMERFIELD, FL. 34491

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MUNI PADMAN M.D.
601 E. DIXIE AVE., SUITE #1
LEESBURG, FL. 34748

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: MUNI PADMAN, M.D.

Article V

The name and address of managing members/managers are:

Title: MGRM
MUNI PADMAN M.D.
601 E. DIXIE AVE., SUITE #1
LEESBURG, FL. 34748

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Article VI

The effective date for this Limited Liability Company shall be:

04/03/2007

Signature of member or an authorized representative of a member

Signature: MUNI PADMAN, M.D.