

JUN-12-2007 TUE 04:30 PM

FAX NO.

Division of Corporations

67000061888

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : I20030000037  
Phone : (561) 835-8500  
Fax Number : (561) 650-8530

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Surgical Partners, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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67-61888  
6/12/2007

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**Surgical Partners, LLC**

**ARTICLE II - Address**

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

Mailing and Street  
Address:

7100 W. 20<sup>th</sup> Avenue, Suite 504  
Hialeah, FL 33016  
Attn: A. de le Cabada, M.D.

**ARTICLE III - Registered Agent and Office**

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Registered Agent:

CORPORATION COMPANY OF MIAMI

Street Address

250 Australian Ave.  
Suite 500 (JAF)  
West Palm Beach, Florida 33401

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

Date: June 13, 2007

Surgical Partners, LLC  
a Florida limited liability company

By: 

James A. Farrell, as authorized agent for  
A. de le Cabada, M.D., Manager

(In accordance with section 608.408(3), Florida Statutes,  
the execution of this affidavit constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

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**REGISTERED AGENT ACCEPTANCE**

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

**CORPORATION COMPANY OF MIAMI  
REGISTERED AGENT**

By: J. A. Farrell

Name: James Farrell

Title: Vice President

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TALLAHASSEE, FLORIDA

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)