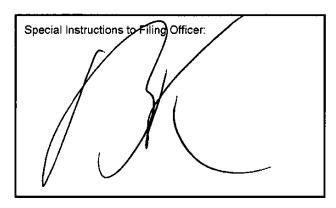
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SECRETARIST OF ST. 1.10 y Vasewlar Surgery, Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File\_ Fictitious Name File\_\_\_\_\_ Trade/Service Mark\_\_\_\_\_ Merger File\_\_\_\_\_ Art. of Amend. File\_\_\_\_\_ RA Resignation\_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_ Certificate of Good Standing Certificate of Status\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search\_\_\_ Fictitious Search Fictitious Owner Search\_\_\_\_\_ Signature Vehicle Search\_\_\_\_\_ Driving Record\_\_\_ Requested by: UCC 1 or 3 File \_\_\_\_\_ UCC 11 Search\_ Name Date Time UCC 11 Retrieval\_ Walk In

# ARTICLES OF ORGANIZATION SEBRING VASCULAR SURGERY, PL

SECRETARY OF THE OWNER OWNE This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of Chapters 608 and 621, Florida Statutes, for the purpose of providing such 7 services as are hereafter specified. The undersigned, for the purpose of forming a professional limited liability company, hereby make, acknowledge, and file the following Articles of Organization.

### ARTICLE I - NAME

The name of the limited liability company shall be SEBRING VASCULAR SURGERY, PL, ("company").

### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 3323 Medical Hill Road, Sebring, Florida 33870.

### ARTICLE III – AREAS OF PRACTICE

The areas of practice of the Limited Liability Company are limited to: medical.

### ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida are:

### J. KEMP BRINSON

255 Magnolia Avenue, SW, Winter Haven, Florida 33880

### ARTICLE V – MANAGERS

The company is member-managed. The name and address of each member are as follows: PATRICIO ROSA, M.D., 5908 NW 54th Circle, Coral Springs, Florida 33067

### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for SEBRING VASCULAR SURGERY, PL at the 255 Magnolia Avenue, SW, Winter Haven, Florida 33880, I hereby accept 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 F.S. Chapter 608.

J. KEMP BRINSON