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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Indian River Surgery Properties, LLC**

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

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*Just*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Indian River Surgery Properties, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

One HealthSouth Parkway  
Birmingham, AL 35243

**Mailing Address:**

One HealthSouth Parkway  
Birmingham, AL 35243

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State, and Zip

*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 as provided for in Chapter 608, F.S.*

CT Corporation System

Gonnie Bryson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Surgery Center of Vero Beach, Inc.

One HealthSouth Parkway

Birmingham, AL 35243

 

 

 

 

 

 

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Jody Martin, Authorized Representative of the MGR

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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