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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

**Bonita Springs Outpatient Surgical Center, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

BONITA SPRINGS OUTPATIENT SURGICAL CENTER, 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: | Mailing Address: |
|---|---|
| c/o Michael Greenwald | |
| 9807 Via Verga | |
| Lake Worth, FL 33467 | |

**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:

Darlene Richter, Travani & Richter, P.A.
Name

4360 Northlake Blvd., Suite 102
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410
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.*

Registered Agent's Signature (REQUIRED)

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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: |
|---|---|
| Co-MGR | West Coast Surgical Management, LLC<br>9807 Via Varga<br>Lake Worth, FL 33467 |
| Co-MGR | Smart Surgical Management, LLC<br>9471 W. McNab Road<br>Tamarac, FL 33321 |
| | |
| | |

(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.)

Robert A. Hudson, Authorized Representative
Typed or printed name of signer

**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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