# Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070002793493)))



H070002793493ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GLAZIER & GLAZIER, P.A.

Account Number : I20050000141 Phone : (904)997-1033 Fax Number : (904)997-1733

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
7 NOV 14 PM 3: 19
SECHETARY OF STATE

## Regency Monument Surgery Center, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

17:8 WY 11 ANN 11

IVISION OF CORPORATIONS

(((H07000279349 3)))

# ARTICLES OF ORGANIZATION OF

#### REGENCY MONUMENT SURGERY CENTER, LLC

The undersigned, who is an authorized representative of REGENCY MONUMENT SURGERY CENTER, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

#### **ARTICLE 1 - NAME**

The name of the Company is REGENCY MONUMENT SURGERY CENTER, LLC.

#### **ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1675 Eagle Harbor Parkway, Suite A, Orange Park, Florida 32003.

### **ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent is GLAZIER & GLAZIER, P.A. 8825 Perimeter Park Boulevard, Sulte 504, Jacksonville, Florida 32216.

#### **ARTICLE IV - MANAGEMENT**

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization on the 11 and day of November, 2007.

Scott L. Glazier,

An Authorized Representative

1

(((H07000279349 3)))

SECRETARY OF STATE DIVISION OF CORPORATIONS (((H07000279349 3)))

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

- 1. The name of the Limited Liability Company is REGENCY MONUMENT SURGERY CENTER, LLC
- 2. The name and the Florida street address of the registered agent and office is GLAZIER & GLAZIER, P.A., 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

REGENCY MONUMENT SURGERY CENTER, LLC

By: Scott L. Glazier

An Authorized Representative

The undersigned, having been named as registered agent for the above named limited liability company, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for REGENCY MONUMENT SURGERY CENTER, LLC as provided for in Chapter 608, F.S.

**GLAZIER & GLAZIER. P.A.** 

Name: Scott L. Glazier

Its: Vice President

Date: \_\_\_\_\_ וין ואן

VISION OF CORPORATION OF L