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ORDER DATE :	January 21, 2013				
ORDER TIME :	9:16 AM				
ORDER NO. :	502139-015				
CUSTOMER NO:	4300043				
DOMESTIC AMENDMENT FILING					
NAME:	NATIONAL SURGI AMERICA, LLC	CAL CENTERS		· zon	

ACCOUNT NO. : 12000000195

EFFECTIVE DATE:

XX___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX__ PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF NATIONAL SURGICAL CENTERS OF AMERICA, LLC

The Articles of Organization for National Surgical Centers of America, LLC (the "Company") were filed on February 9, 2009 and assigned Florida document number L09000013412.

These Amended and Restated Articles of Organization of the Company have been duly executed and are being filed in accordance with Section 608.411, Florida Statutes.

These Amended and Restated Articles of Organization are submitted to amend and restate the Articles of Organization of the Company in their entirety, as follows:

ARTICLE I - Name:

The name of the Company is: National Surgical Centers of America, LLC

ARTICLE II – Purpose:

The Company is organized for the purpose of transacting any and all lawful business.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Company is: 5365 W. Atlantic Avenue
Suite 504
Delray Beach, Florida 33484.

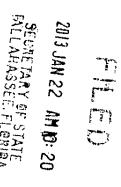
ARTICLE IV - Management:

The Company shall be managed by its members in accordance with any operating agreement in effect.

ARTICLE V - Registered Agent, Registered Office & Registered Agent's Signature:

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

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301



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, Florida Statutes.

Registered Agent's Signature

Sue G. Knight Assistant Vice President

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alexander Jungreis, M.D. Typed or printed name of signee

