

LO9000039754

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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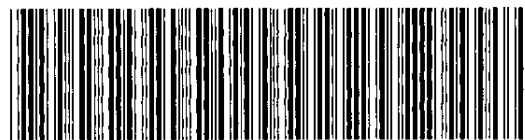
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04/24/09--01010--019 \*\*155.00

RECEIVED  
09 APR 24 PM 1:25  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

B. KOHR  
APR 24 2009  
EXAMINER

FILED  
09 APR 24 PM 3:15  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 04-24-2009

REF. #: 000153.103109

CORP. NAME: RED HILL SURGICAL CENTER, LLC

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09 APR 24 PM 3:15  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
RED HILL SURGICAL CENTER, LLC**

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I  
Name**

The name of the Company is **RED HILL SURGICAL CENTER, LLC.**

**ARTICLE II  
Principal Office and Mailing Address**

The principal office and mailing address of the Company is 3334 Capital Medical Boulevard, Suite 600, Tallahassee, Florida 32308.

**ARTICLE III  
Initial Registered Agent and Office**

The street address of the initial registered office of the Company is: 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602, and the name of its initial registered agent at that address is: Michael J. Nolan.

**ARTICLE IV  
Organizing Manager**

The name and address of the Manager of the Company are: Martin Shipman, 3334 Capital Medical Boulevard, Suite 600, Tallahassee, Florida 32308.

Dated effective as of this 24th day of April, 2009.

By: \_\_\_\_\_

Michael J. Nolan, Authorized Representative

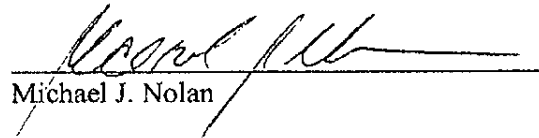
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### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned 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 the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 24 day of April, 2009.

REGISTERED AGENT:

  
Michael J. Nolan