

109000061240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

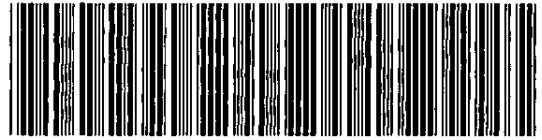
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

JUN 24 2009

**EXAMINER**

**McGuireWoods LLP**

77 West Wacker Drive  
Suite 4100  
Chicago, IL 60601-1818

Phone: 312.849.8100  
Fax: 312.849.3690  
www.mcguirewoods.com

**Julia M. Giczewski, Paralegal**  
Direct: 312.750.8671

**McGUIREWOODS**

jgiczewski@mcguirewoods.com  
Direct Fax: 312.849.3690

June 22, 2009

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Broward Multispecialty Surgery Center, LLC

Dear Sir or Madam:

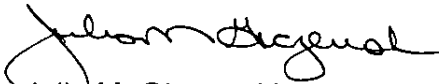
Enclosed for filing with the Florida Division of Corporations are duplicate copies of the Articles of Organization for the above named entity.

I have also enclosed a check in the amount of \$125 for the filing fee.

Once the Articles have been filed, please return a file stamped copy to me in the enclosed self-addressed envelope.

If you have any questions, please call me at 312.750.8671.

Very truly yours,



Julia M. Giczewski

Enclosures

cc: Melissa Szabad

W9511138.1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Broward Multispecialty Surgery Center, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia M Giczewski

(Name of Person)

McGuireWoods LLP

(Firm/Company)

77 West Wacker Drive Suite 4100

(Address)

Chicago, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Julia M Giczewski

(Name of Person)

at ( 312 ) 750-8671

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Broward Multispecialty Surgery 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:**

401 E Las Olas Blvd., Suite 130-137

Fort Lauderdale, FL 33301

**Mailing Address:**

401 E Las Olas Blvd., Suite 130-137

Fort Lauderdale, FL 33301

**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:

C T 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.*

C T Corporation System



Registered Agent's Signature (REQUIRED)

**Laura Broderick**  
Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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

Aiden Ororuke, M.D.

401 E. Las Olas Blvd., Suite 130-137

Ft. Lauderdale, FL 33301

MGR

Noel Elgut, MD.

401 E. Las Olas Blvd, Suite 130-137

Ft. Lauderdale, FL 33301

MGR

Andrew Logan, M.D.

401 E. Las Olas Blvd., Suite 130-137

Ft. Lauderdale, FL 33301

PLEASE SEE ATTACHED FOR ADDITIONAL  
MANAGERS

(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.)

Thomas Bombardier, M.D.

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)**

**BROWARD MULTISPECIALTY SURGERY CENTER, L.L.C.**

**ADDITIONAL MANAGERS**

Stephen Sinkoe, M.D.  
401 E. Las Olas Blvd., Suite 130-137  
Ft. Lauderdale, FL 33301

Thomas Bombardier, M.D.  
195 Hanover Street, Suite 2  
Hanover, MA 02339

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TALLAHASSEE, FLORIDA**