

LD9000089424Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383***RE-SUBMIT***

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368Please retain original filing
date of submission 9/14**FLORIDA/FOREIGN LIMITED LIABILITY CO.****The Brevard Specialty Surgery Center, LLC**

Certificate of Status	0
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Corporate Filing Menu

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September 16, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: THE BREVARD SPECIALTY SURGERY CENTER, LLC
REF: W09000041113

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Correct the zip code on Page 2 for the Managing Members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H09000200394
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Brevard Specialty 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:

95 Bulldog Blvd, Suite 104

Melbourne, FL 32901-3175

Mailing Address:

95 Bulldog Blvd, Suite 104

Melbourne, FL 32901-3175

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:

CT 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..

CT Corporation System



Registered Agent's Signature (REQUIRED)

Laura Broderick
Assistant Secretary

(CONTINUED)

Page 1 of 2

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:

MGRM

Ross Clevens, M.D.

1444 S. Apollo Blvd, Suite 100

Melbourne, FL 32901

MGMR

Stephen Fitzgerald, M.D.

1444 Valentine Street

Melbourne, FL 32901

MGMR

Steven Ho, M.D.

1444 S. Apollo Blvd, Suite 100

Melbourne, FL 32901

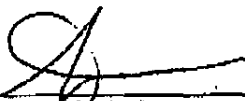
SEE ATTACHED FOR ADDITIONAL

(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 - authorized representative of ASCOA, Member

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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The Brevard Specialty Surgery Center, LLC

Articles of Organization

		Attachment							
MBR /	Last Name	First Name	MD/DO	Office Address	City	State	Zip		
MGRM	Clevens	Ross	M.D.	1444 S. Apollo Blvd, Suite 100	Melbourne	FL	32901		
MGRM	Fitzgerald	Stephen	M.D.	1444 Valentine St	Melbourne	FL	32901		
MGRM	Ho	Steven	M.D.	1444 S Apollo Blvd # 401	Melbourne	FL	32901		
MGRM	Imami	Emran	M.D.	111 East Hibiscus Blvd	Melbourne	FL	32901		
MGRM	Jaffe	Todd B.	M.D.	8095 Spyglass Hill Rd	Melbourne	FL	32940		
MGRM	Landry	Larry	M.D.	6100 Minton Road, Suite 101	Palm Bay	FL	32907		
MGRM	O'Hare	Timothy	M.D.	1444 S Apollo Blvd # 401	Melbourne	FL	32901		
MGRM	O'Linde	John	M.D.	1444 S. Apollo Boulevard, Suite D	Melbourne	FL	32901		
MGRM	Pearson	John	M.D.	6100 Minton Road, Suite 204	Palm Bay	FL	32907		
MGRM	Velarde	Diego	M.D.	6100 Minton Road, Suite 104	Palm Bay	FL	32907		
MGRM	Malls	David J.	M.D.	1499 S. Harbor City Blvd, Suite 404	Melbourne	FL	32901		
Cataract and Laser Center Partners, LLC									
d/b/a Ambulatory Surgery Centers of									
America ("ASCOA")									
MGRM		-	-	195 Hanover Street, Suite 2	Hanover	MA	02339		

9/10/2009