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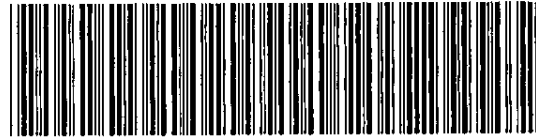
(Business Entity Name)

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B. KOHR

NOV 9 2009

EXAMINER

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

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ACCT. #FCA-14

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CONTACT: ASHLEY SMITH

DATE: 11-09-2009

REF. #: 000153.114278

CORP. NAME: CITRUS SURGERY CENTER PHYSICIANS COMPANY, LLC

- |                                                      |                                                 |                                                       |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <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# 532507 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

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☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
CITRUS SURGERY CENTER PHYSICIANS COMPANY, LLC**

The undersigned, acting as the authorized representative 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:

**CITRUS SURGERY CENTER PHYSICIANS COMPANY, LLC.**

**ARTICLE II  
Principal Office and Mailing Address**

The principal office and mailing address of the Company is 201 North Franklin Street, Suite 2200, Tampa, Florida 33629.

**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  
Managing Members**

The name and address of the Managing Members of the Company are:

<u>Name</u>	<u>Address</u>
Michael A. Guarino	201 N. Franklin Street, Suite 2200 Tampa, Florida 33602
Will Bald	201 N. Franklin Street, Suite 2200 Tampa, Florida 33602

**ARTICLE VI  
Management**

The Company shall be a member-managed company.

Dated effective as of this 2nd day of October, 2009.

By: 

Michael J. Nolan, Authorized Representative

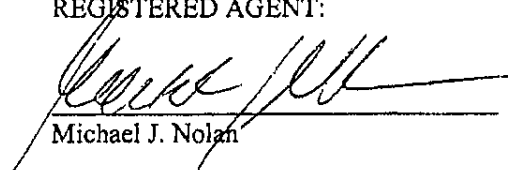
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### ACCEPTANCE BY REGISTERED AGENT

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 2nd day of October, 2009.

REGISTERED AGENT:



Michael J. Nolan