

L09000121639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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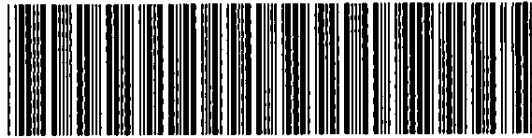
(Business Entity Name)

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B. KOHR

DEC 23 2009

EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

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CONTACT: ASHLEY SMITH

DATE: 12-22-2009

REF. #: 000428.116523

CORP. NAME: SFM UROLOGY II, 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# 533052 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

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

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
SFM UROLOGY II, LLC

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DIVISION OF CORPORATIONS  
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The undersigned, being authorized to execute and file these Articles of Organization of SFM Urology II, LLC (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

SFM Urology II, LLC

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

2301 West Woolbright Road  
Boynton Beach, Florida 33426

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

Ravi Patel  
2301 West Woolbright Road  
Boynton Beach, Florida 33426

**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company.

**ARTICLE VI — Effective Date:**

These Articles of Organization shall be effective upon filing.

\* \* \* \* \*

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 15th day of December, 2009.

SFM Urology II, LLC, a Florida limited  
liability company

By:  \_\_\_\_\_  
Name: Ravi Patel  
Title: Managing Director

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SFM UROLOGY II, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.*

  
Name: Ravi Patel

Dated: December 15, 2009