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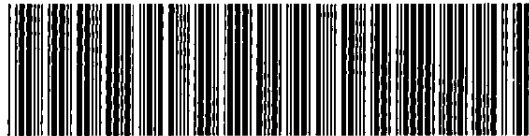
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 10 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surgery Center of North Dade, 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 W Wacker Drive Suite 4100
(Address)

Chicago, IL 60601
(City/State and Zip Code)

For further information concerning this matter, please call:

Julia M Giczewski at (312) 750-8671
(Name of Person) (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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Surgery Center of North Dade, 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:

c/o Jay Levy - Retina Associates of Miami

184 NE 168th Street

Miami, FL 33162

Mailing Address:

c/o Jay Levy - Retina Associates of Miami

184 NE 168th Street

Miami, FL 33162

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

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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

Laura Broderick
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:

MGR

Jay Levy

184 NE 168th Street

Miami, FL 33162

MGR

Mark Bridges

1190 N.W. 95th St, Ste 404

Miami, FL 33150

MGR

David Cohen

4300 Alton Rd, Ste 810

Miami, FL 33140

SEE ATTACHED FOR ADDITIONAL

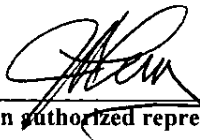
MANAGERS

(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.)

Jay Levy

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)

SURGERY CENTER OF NORTH DADE, LLC

ARTICLES OF ORGANIZATION

ADDITIONAL MANAGERS

Kumar Kadiyala, M.D.
4302 Alton Rd, Ste 710
Miami Beach FL 33140

Tosca Kinchelow, M.D.
100 NW 170th St
Miami, FL 33169

Jose Lavergne, M.D.
16855 NE 2nd Ave
N Miami Beach, FL 33162

Arin Newman, M.D.
4300 Alton Rd, Ste 810
Miami, FL 33140

Elizabeth Ouellette, M.D.
100 NW 170th St
Miami, FL 33169

Rashid Taher, M.D.
184 NE 168th St
Miami, FL 33162

Daniel Wolfson, M.D.
4300 Alton Rd, Ste 810
Miami, FL 33140

Hakan Charles-Harris, M.D.
1190 NW 95th St, Ste 101
Miami, FL 33150

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

Albert Aran, M.D.
1097 South Le Jeune Rd
Coral Gables, FL 33134

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