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FLORIDA LIMITED LIABILITY CO.
SURGICARE OF LAKELAND, LLC

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ARTICLES OF ORGANIZATION

OF

SURGICARE OF LAKELAND, LLC

The undersigned hereby present(s) these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is SURGICARE OF LAKELAND, LLC.

ARTICLE II

PRINCIPAL OFFICE

The address of the Limited Liability Company is 1247 Lakeland Hills Blvd., Lakeland, Florida 33805.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

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ARTICLE V

MANAGEMENT

The Limited Liability Company is to be a manager managed company. The Limited Liability Company's initial managers shall be Kevin A. Dorsett, M.D. whose address is 1247 Lakeland Hills Blvd., Lakeland, Florida 33805 and Janet Townsend whose address is 1247 Lakeland Hills Blvd., Lakeland, Florida 33805.

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is One Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a member, manager director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this 1 day of June, 2010.

DAVID D. HALLOCK, JR.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 1st day of June, 2010, by David D. Hallock, Jr. as an authorized representative of a Member of the Limited Liability Company, who is personally known to me.

H. Margaret Dasinger
NOTARY PUBLIC, State at Large
Print Name: H. Margaret Dasinger
My commission expires: June 26, 2014

(AFFIX NOTARIAL SEAL)

H. MARGARET DASINGER
Notary Public, State of Florida
My comm. expires June 26, 2014
No. DD989285
Bonded thru Ashton Agency, Inc. (800)461-4854

CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is SURGICARE OF LAKELAND, LLC.

2. The name and street address of its initial Registered Agent and initial Registered Office are:

DAVID D. HALLOCK, JR.
GrayRobinson, P.A.
One Lake Morton Drive
Lakeland, Florida 33801

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.

DAVID D. HALLOCK, JR.
Date: June 1, 2010