

L100000062165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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06/10/10--01005--014 **465.00

EFFECTIVE DATE

6/15/2010

B. KOHR

JUN 10 2010

EXAMINER

RECEIVED

10 JUN 10 AM 10:55

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 10 PM 1:13

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nature Coast Surgery Center, LLC

FILED
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EFFECTIVE DATE 6/15/2010

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☒ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: Seth

06/10/10 11:00

Name

Date

Time

Walk-In _____

Will Pick Up _____

EFFECTIVE DATE

6/15/2010

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nature Coast 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:

555 North Byron Butler Parkway
Perry, FL 32347

Mailing Address:

555 North Byron Butler Parkway
Perry, FL 32347

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:

A. Kenneth Levine

Name

2065 Thomasville Road, Ste. 102

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32308

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..

A. Kenneth Levine
Registered Agent's Signature (REQUIRED)

(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:

Will be decided at first organizational meeting

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 15, 2010. (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.)

A. Kenneth Levine
Typed or printed name of signee

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)

NATURE COAST SURGERY CENTER, INC.
555 N. BYRON BUTLER PARKWAY
PERRY, FLORIDA 32347

June 8, 2010

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

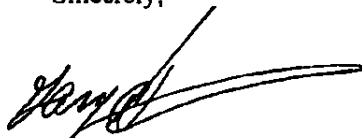
Re: Nature Coast Surgery Center, LLC
Consent to Use of Similar Name

Dear Sir/Madame:

I am the President, Secretary, Treasurer, Director, Chairman, Registered Agent, and am otherwise vested with all power to do all things lawful with regard to Nature Coast Surgery Center, Inc. I have been advised that A. Kenneth Levine, of Tallahassee, Florida, desires to register with the Division a limited liability company to be named Nature Coast Surgery Center, LLC.

With full knowledge of the similarity among the names of these two entities, I hereby consent to Mr. Levine's use of the "Nature Coast Surgery Center" name in forming the aforesaid limited liability company. Further, I hereby waive all rights and remedies which I may now or forever have to contest the similarity of Mr. Levine's filing with ours.

Sincerely,



Gary A. Shipman

cc: A. Kenneth Levine