

21100000 3906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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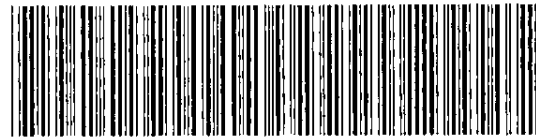
(Business Entity Name)

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11 JAN 10 PM 4:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/6/2011

B. KOHR

JAN 11 2011

EXAMINER

FILED  
11 JAN 10 AM 10:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

FILING COVER SHEET  
ACCT. #FCA-14

EFFECTIVE DATE 1/6/2011

CONTACT: Kim Weidenbach

DATE: 1/10/11

REF. #: 000314.140083

CORP. NAME: ST. AUGUSTINE SURGICAL, LLC

FILED STATE  
SECRETARY OF CORPORATIONS  
11 JAN 10 AM 02

- |  |   |   |
|--|---|---|
| <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# 538119 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

EFFECTIVE DATE 1/6/2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 10 AM 10:02

ARTICLES OF ORGANIZATION  
OF  
ST. AUGUSTINE SURGICAL, LLC  
(A Florida Limited Liability Company)

Pursuant to the Florida Limited Liability Company Act, Florida Statutes Sections 608.401 through 608.705, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I  
NAME

The name of the Limited Liability Company (the "Company") is St. Augustine Surgical, LLC.

ARTICLE II  
ADDRESS

The mailing and street address of the Company is 300 Health Park Blvd., Ste. 5002, St. Augustine, FL 32086.

ARTICLE III  
DURATION

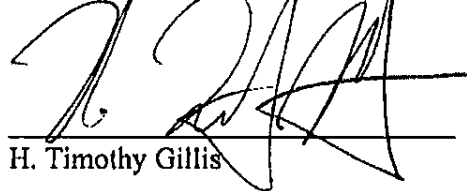
The period of duration for the limited liability company shall begin on January 6, 2011 and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT

The street address of the Company's initial registered agent is 2731 Executive Park Drive, Suite 4, Weston, FL 33331. The name of the Company's initial registered agent at that office is NRAI Services, Inc.

IN WITNESS WHEREOF, the undersigned, being the Authorized Representative of the Company, has executed these Articles of Organization on behalf of the Company in accordance with §608.407(3) of the Act, this 6th day of January, 2011.

AUTHORIZED REPRESENTATIVE:

A handwritten signature in black ink, appearing to read 'H. Timothy Gillis', is written over a horizontal line. The signature is stylized with large, sweeping loops.

(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.)

**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of St. Augustine Surgical, LLC, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned 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 its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 10<sup>th</sup> day of January, 2011.

**NRAI SERVICES, INC.**

By:   
Print Name: Michele Holden  
Print Title: Assistant Secretary