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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

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FLORIDA LIMITED LIABILITY CO.  
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EXAMINER

411000011481  
**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**SURGERY CENTER OF VIERA, L.L.C.**

**ARTICLE I**

**The name of the Limited Liability Company shall be: SURGERY  
CENTER OF VIERA, L.L.C.**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which a  
limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

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

**8043 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:**

**SUN DEUKMEDJIAN  
8043 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940**

**ARTICLE V**

**The name of the Managing Member(s) shall be:**

**MANAGING MEMBER**

**SUN DEUKMEDJIAN**

**MANAGING MEMBER**

**ARA DEUKMEDJIAN**

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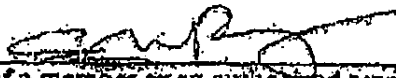
CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

SURGERY CENTER OF VIERA, L.L.C.

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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 the articles of organization, 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.

Sun Deukmedjian  
Registered Agent

  
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.)

SUN DEUKMEDJIAN

\_\_\_\_\_  
Typed or printed name of signee

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