

From: Fallace & Larkin

To: 12506176383

03/23/2011 11:11 AM

#942

01/002

Division of Corporations

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**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FALLACE & LARKIN, L.L.C.
Account Number : 120000000191
Phone : (321) 951-9900
Fax Number : (321) 724-6002

L. SELLERS

MAR 24 2011

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
Urology Center of Brevard, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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From: Fallace & Larkin

To: 18506176383

03/23/2011 11:32

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: **Urology Center of Brevard, LLC**

ARTICLE II - ADDRESS

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

Principal Office Address:

575 S. Wickham Rd.
West Melbourne, FL 32904

Mailing Address:

P.O. Box 121617
West Melbourne, FL 32912-1617

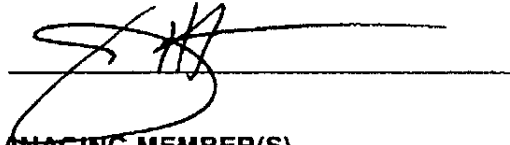
ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

(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:

James H. Fallace
1900 S. Hickory Street, Ste. A
Melbourne, FL 32901

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.



ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

Title:

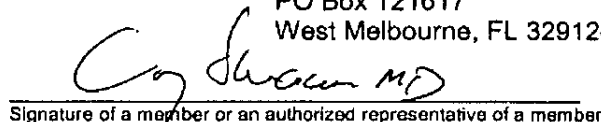
Name and Address:

"MGR" = Manager
"MGRM" = Managing Member

MGRM

Anthony Saracino, M.D.
PO Box 121617
West Melbourne, FL 32912-1617

Required Signature:



Signature of a member or an authorized representative of a member

(In accordance with § 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. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in § 871.155, Fla. Stat.)

Anthony Saracino, M.D.

Typed or printed name of signee

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