

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NICI LAW FIRM, P.L.
Account Number : I201100000008
Phone : (239) 449-6150
Fax Number : (877) 646-0560

L. SELLERS

JUN - 2 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.
KVH Surgery Center, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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Help

**ARTICLES OF ORGANIZATION
OF
KVH SURGERY CENTER, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company is KVH Surgery Center, LLC (the "Company").

**ARTICLE II
DURATION**

The period of duration for the Company is perpetual.

**ARTICLE III
ADDRESS**

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

4081 Tamiami Trail N, Suite C-203
Naples, Florida 34103

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

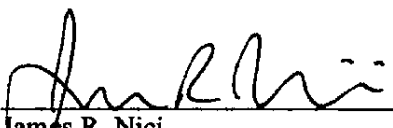
The initial registered office of this Company shall be c/o Nici Law Firm, 1185 Immokalee Road, Suite 110, Naples, Florida 34110, and its initial registered agent at such office shall be James R. Nici, Esq.

**ARTICLE V
MANAGEMENT**

The Company is to be a Manager-Managed company and the name and address of the elected Manager who shall serve as Manager until the first annual meeting or until their successors are chosen are:

Kent V. Hasen
4081 Tamiami Trail N, Suite C-203
Naples, Florida 34103

Dated effective as of June 1, 2011.


James R. Nici
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the Company is KVH Surgery Center, LLC.
2. The name and address of the registered agent and office is:

James R. Nici, Esq.
c/o Nici Law Firm
1185 Immokalee Road, Suite 110
Naples, Florida 34110

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.

Dated effective as of June 1, 2011.

By: _____

James R. Nici

Initial Registered Agent