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SECRETARY OF STATE
ANASSEE, FLORIDA

C. LEWIS

JUL 2 2 2011

EXAMINER

### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: SFM	l Urology VII, LLC	
		ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this mat	iter to the following:
Monica	Wallace	•
		Name of Person
McDerm	nott Will & Emery I	LLP
	· ·	Firm/Company
227 W.	Monroe, Suite 440	0
		Address
Chicago,		
u.		ty/State and Zip Code
mwaliace	@mwe.com  E-mail address; (to be used)	for future annual report notification)
For further informatio	on concerning this matter, pleas	e call:
Monica Wallace		at (312 ) 984-7757
Name of Person		Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

## ARTICLES OF ORGANIZATION OF SFM UROLOGY VII, LLC

2011 JUL 21 AM 5: 87 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization of SFM Urology VII, LLC (the "Limited Liability Company"), hereby certifies that:

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

SFM Urology VII, LLC

#### <u>ARTICLE II — Address</u>:

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

3343 State Road 7 Wellington, Florida 33449

#### ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Ravi Patel 3343 State Road 7 Wellington, Florida 33449

#### ARTICLE V — Management:

The Limited Liability Company will be a member-managed company and the managing member is South Florida Medicine, LLC.

#### **ARTICLE VI** — Effective Date:

These Articles of Organization shall be effective upon filing.

2011 JUL 21 AH

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this **20**<sup>th</sup> day of July, 2011.

SFM Urology VII, LLC, a Florida limited liability company

By: \_\_\_\_ | **W** Name: Ravi Pate

Title: Managing Director of South Florida Medicine, LLC, Managing Member of the

Limited Liability Company

#### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

#### SFM Urology VII, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.

Name: Ravi

Dated: July 20, 2011

2011 JUL 21 AM 9: 37
SECRETARY OF STATE
ANASSEF, FLORIDA