

L110VVV84367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

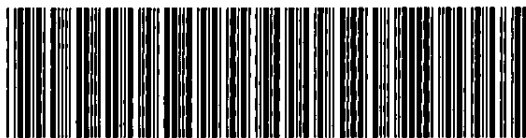
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JUL 22 2011

EXAMINER



500209819945

07/22/11--01004--023 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 22 PM 1:26

RECEIVED
11 JUL 22 AM 10:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

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DIVISION OF CORPORATIONS
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CONTACT: RICKY SOTO

DATE: 07/22/2011

REF. #: 000409.151590

CORP. NAME: TAMPA BAY SURGERY CENTER, LLC

- | | | |
|--|---|---|
| <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# 540748 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
TAMPA BAY SURGERY CENTER, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **TAMPA BAY SURGERY CENTER, LLC.**

ARTICLE II: - Address

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

**11811 North Dale Mabry
Tampa, FL 33618**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301**


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.

NRAI SERVICES, INC., as Registered Agent


Name: Michele Holden
Title: Asst. Secretary

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.


Marshall R. Burack, Esq., 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.)

Marshall R. Burack, Esq.
Typed or printed name of signee

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**TAMPA BAY SURGERY CENTER, INC.
11811 North Dale Mabry
Tampa, Florida 33618**

WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

TAMPA BAY SURGERY CENTER, INC., a Florida corporation (the "**Company**"), incorporated on June 13, 1990 does hereby grant permission and approves the filing of the Articles of Organization in Florida for the following limited liability company:

TAMPA BAY SURGERY CENTER, LLC

The undersigned, being an officer of the Company has executed this Written Consent Granting Approval for Use of Name on behalf of the Company this 20th day of July, 2011.

TAMPA BAY SURGERY CENTER, INC.,
a Florida corporation



Jay L. Rosen, M.D., Chief Executive Officer