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**FLORIDA LIMITED LIABILITY CO.**  
**Select Surgical Solutions, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**T. HAMPTON**

SEP 21 2011

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**ARTICLES OF ORGANIZATION OF  
SELECT SURGICAL SOLUTIONS, LLC  
(A Florida Limited Liability Company)**

Pursuant to the Florida Limited Liability Company Act, Florida Statutes Sections 608.401 through 608.705, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of the limited liability company is Select Surgical Solutions, LLC (the "Company").

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Company is 841 Prudential Drive, Suite 900, Jacksonville, Florida 32207.

**ARTICLE III  
DURATION**

The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration until terminated in accordance with applicable law.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Company's initial registered agent is 515 E. Park Avenue Tallahassee, FL 32301. The name of the Company's initial registered agent at that office is NRAI Services, Inc.

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IN WITNESS WHEREOF, the undersigned, being the Authorized Representative of the Company, has executed these Articles of Organization on behalf of the Company in accordance with Section 608.407(3) of the Act on September 20, 2011.

AUTHORIZED REPRESENTATIVE:

  
\_\_\_\_\_  
Timothy A. Crass, Esq.

(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.)

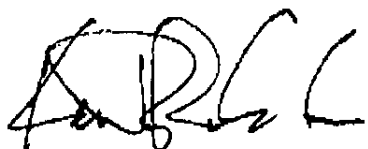
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**ACCEPTANCE OF REGISTERED AGENT DESIGNATION FOR:**  
**Select Surgical Solutions, LLC**

Having been named as registered agent and to accept service of process for the aforementioned entity 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 provision 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.

  
By:  
Kevin R. Roberts  
Authorized Agent/Officer for Registered  
Agent

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