L12000022729

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Sertifical copies
Special Instructions to Filing Officer:

Office Use Only



700221187187

02/15/12--01022--018 **250.00

SECRETARY OF STATE (ALLAHASSEE, FLORIDA

C. LEWIS
FEB 1 6 2012
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: SFM Urology XII, LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Monica Wallace		
	Name of Person	
McDermott Will & Emery		
4	Firm/Company	
227 W. Monroe, Suite 4400		
	Address	
Chicago, IL 60606		
City/State and Zip Code		
mwallace@mwe.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
Monica Wallace	at (312) 984-7757	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum{130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 XII, LLC

2012 FEB 15 AM 10; 87
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SFM Urology XII, LLC

ARTICLE II — Address:

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.

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 13 day of February, 2012.

SFM Urology XII, LLC, a Florida limited

liability company

Ву: _

Name: Ravi Pa

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

Limited Liability Company

SECRETARY OF STATE TALLAHASSEE, FLORIDA

-2-

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SFM Urology XII, 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 Pate

Dated: February <u>13</u>, 2012

SECRETARY OF STATE