

03/06/2012

2:09 SHUMAKER LOOP & KENDRICK

(813) 229 1660

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**\*\*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.

Safe Surgery LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
SAFE SURGERY LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **SAFE SURGERY LLC**.

**ARTICLE II – Address:**

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

6017 Beacon Shores Street  
Tampa, Florida 33616

**ARTICLE III – Managing Members:**

The name and address of the managing member are:

Richard DiCicco  
6017 Beacon Shores Street  
Tampa, Florida 33616

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 5<sup>th</sup> day of March 2012.



**Signature of an 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.)

Richard DiCicco  
**Typed or printed name of signee**

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **SAFE SURGERY LLC.**
2. The name and the Florida street address of the registered agent are:

Willard A. Blair  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Signature

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