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## FLORIDA LIMITED LIABILITY CO.

Surgicare Center, LLC

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is: Surgicare Center, LLC

#### ARTICLE II - Address:

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

4101 Evans Avenue Fort Myers, Florida 33901

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

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

David L. Schick, Esq. Name

200 South Orange Avenue, Suite 2300 Florida street address (P.O. Box NOT acceptable)

> Orlando, Florida 32801 City, State, and Zip

llaving been named as registered agent and to accept service of process for the above stated limited liability company of 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.

Registered Agent's Signature: David L. Schick, Esq.

#### Article IV - Management:

The Company shall be manager-managed and the name and address of the initial manager of the Company is:

David C. Brown 4101 Evans Avenue Fort Myers, Florida 33901

#### Article V - Withdrawal of a Member:

As provided in the Company's Operating Agreement, a Member (the "Withdrawing Member") may withdraw from the Company only in accordance with the terms of the Company's Operating Agreement. The Withdrawing Member shall not be entitled to receive the "fair value" (within the meaning of Section 608.427 of the Act) of the Withdrawing Member's Interest in the Company as of the effective date of withdrawal based on the Withdrawing Member's right to share in distributions from the Company or otherwise. Instead, the Withdrawing Member shall be entitled to receive the amounts, if any, set forth in the Company's Operating Agreement.

Article VI - Effective date:

The effective date of the Limited Liability Company is: 1000 mpin 12, 2012

David C. Brown, M.D., Member

David C. Brown, M.D., Member

Signature of a member or 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.)

David C. Brown, M.D.

Typed or printed name of signee

Dated this got day of November 2012.

043272, 000001, 601428707.2

# SURGICARE CENTER, INC. Ft. Myers, Florida 33901

Vovember 9, 2012

Corporation Division Secretary of State Tallahussee, Florida 32301

Re: Authorization and Consent to Use Name

To Whom It May Concern:

I, David C. Brown, M.D., am the President of Surgicare Center, Inc. (the "Company"), and I hereby authorize and consent to the filing of the Articles of Organization for and the use of the name of Surgicare Center, LLC.

Very truly yours,

David C. Piowii, M.D.