

L13000033680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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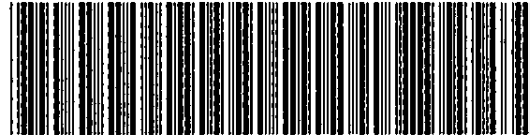
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERG  
EXAMINED  
MAR 5 2013

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Celebration Surgical Management Associates, 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:

**Cristin Repasky**

Name of Person

**Florida Hospital**

Firm/Company

**2400 Bedford Road**

Address

**Orlando, FL 32803**

City/State and Zip Code

**cristin.repasky@flhosp.org**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Cristin Repasky**

Name of Person

at **407 303-8585**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
CELEBRATION SURGICAL MANAGEMENT ASSOCIATES, LLC**

The undersigned, a member of Celebration Surgical Management Associates, LLC, under the provisions of the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is Celebration Surgical Management Associates, LLC (the "Company").

**ARTICLE II  
ADDRESS**

The mailing address and street address of the Company is 410 Celebration Place, Suite 300, Celebration Florida 34747.

**ARTICLE III  
Effective Date, Duration**

The Company shall commence its existence the 1<sup>st</sup> day of March, 2013. The period of duration for the Company shall be perpetual.

**ARTICLE IV  
PURPOSE OF ORGANIZATION**

The Company is organized for the purpose of enabling its members to engage in any business or other lawful activity that may be engaged in by a limited liability company organized under Florida law. Without in any way limiting the foregoing, the Company may do all other acts which may be necessary, appropriate or incidental to the carrying out of the business and purposes of the Company.

**ARTICLE V  
INITIAL REGISTERED AGENT**

The name and address of the initial registered agent for the Company shall be:

Laurie J. Levin, Esq.  
2400 Bedford Road  
Orlando, Florida 32803

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## ARTICLE VI MANAGEMENT

The Company will be managed by its members. The name and address of each Managing Member is as follows:

Title :

(MGR = Manager

MGRM = Managing Member)

Name and Address:

MGRM

Adventist Health System/Sunbelt, Inc. d/b/a  
Florida Hospital  
601 E. Rollins Street  
Orlando, FL 32803

MGRM

Badar Anwer  
8825 Lake Sheen Court  
Orlando, FL 32836

MGRM

James Atkins  
312 Acadia Lane  
Celebration, FL 34747

MGRM

Omar Fadhli  
9203 Southern Breeze Dr.  
Orlando, FL 32836

MGRM

Andrew Hanzlik  
317 Acadia Lane  
Celebration, FL 34747

MGRM

Jerry Rubin  
5191 Isleworth Country Club Drive  
Windermere, FL 34786

## ARTICLE VII INDEMNIFICATION

If the criteria set forth in §608.4363 of the Florida Statutes, or any successor section or statute, and the Company's Operating Agreement have been met, the Company shall indemnify any manager or member or former manager or member or his, her or its personal representatives,

devisees or heirs in the manner and to the extent contemplated by §608.4363 of the Florida Statutes.

MEMBER: **ANDREW HANZLIK**

By: *Andrew Hanzlik*

Name: *Andrew Hanzlik*  
(Member Representative)


(In accordance with §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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, Florida Statutes.)

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**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT  
CELEBRATION SURGICAL MANAGEMENT ASSOCIATES, 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, F.S.*

Laurie J. Levin, Esq.

By:   
Print Name: LAURIE J LEVIN

Dated: March 1, 2013

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TALLAHASSEE, FLORIDA

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