

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000211390
FILED 8:00 AM
December 22, 2015
Sec. Of State
ccave

Article I

The name of the Limited Liability Company is:

WEST PALM OUTPATIENT LLC

Article II

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

550 S QUADRILLE BLVD
WEST PALM BEACH, FL. 33401

The mailing address of the Limited Liability Company is:

550 S QUADRILLE BLVD
WEST PALM BEACH, FL. 33401

Article III

Other provisions, if any:

AMBULATORY SURGICAL CENTER

Article IV

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

AHARON GUTTERMAN DR.
550 S QUADRILLE BLVD
WEST PALM BEACH, FL. 33401

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.

Registered Agent Signature: AHARON GUTTERMAN

Article V

The name and address of person(s) authorized to manage LLC:

Title: DR
AHARON GUTTERMAN
550 S QUADRILLE BLVD
WEST PALM BEACH, FL. 33401

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Article VI

The effective date for this Limited Liability Company shall be:

12/21/2015

Signature of member or an authorized representative

Electronic Signature: AHARON GUTTERMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.