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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
Tradition Surgery Center, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
TRADITION SURGERY CENTER, LLC**

CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF PALM BEACH, FLORIDA

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

Tradition Surgery Center, LLC

ARTICLE II — Address:

The initial mailing address and street address of the principal office of the Limited Liability Company is c/o Compass Surgical Partners of Tradition, LLC, 100 Sawmill Road, Suite 110, Raleigh, NC 27615.

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:

CT Corporation System
1200 South Pine Island Road, Suite 250
Plantation, Florida 33324

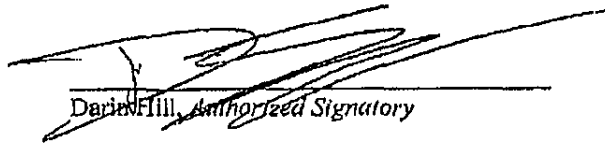
ARTICLE V — Authorization to Manage:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI — Effective Date:

The effective date is upon filing.

In accordance with Section 605.0203 (1)(b), 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, F.S.



Darin Hill, Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

TRADITION SURGERY CENTER, 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 605, F.S.

CT Corporation System

By: 

Print Name: _____

Print Title: _____

Angel Nunez

Assistant Secretary

Dated: February 7, 2016