

\* H1 80002762003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000276200 3)))



H180002762003ABC-

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1158  
Fax Number : (941) 639-0028

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dholmes@farr.com

FLORIDA LIMITED LIABILITY CO.  
Millennium Surgery Centers of Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

\* H1 8000276 2003

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I — Name:

The name of the Limited Liability Company is:

Millennium Surgery Centers of Florida, LLC

## ARTICLE II — Address:

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

Mailing Address: c/o David A. Holmes  
Farr, Farr, Emerich, Hackett, Carr & Holmes, P.A.  
99 Nesbit Street  
Punta Gorda, Florida 33950

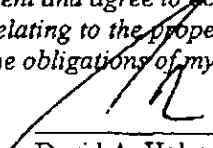
Street Address: 99 Nesbit Street  
Punta Gorda, FL 33950

## ARTICLE III — Registered Agent, Registered Office, &amp; Registered Agent's Signature:

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

David A. Holmes  
99 Nesbit Street  
Punta Gorda, Florida 33950

*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 as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
David A. Holmes, Registered Agent

## ARTICLE IV — Management

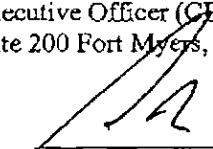
The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company with the initial manager being:

Brian Fox  
6321 Daniels Parkway, Suite 200  
Fort Myers, FL 33912

The initial manager shall serve until his resignation or removal in accordance with the terms of Operating Agreement of the Company.

The Chief Financial Officer (CFO) and Treasurer (TR) of this entity is Jeffrey A. Pakrosnis, with an address of 6321 Daniels Parkway, Suite 200 Fort Myers, FL 33912.

The Chief Executive Officer (CEO) of this entity is Kevin Kearns, with an address of 6321 Daniels Parkway, Suite 200 Fort Myers, FL 33912.

  
\_\_\_\_\_  
David A. Holmes, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\* H1 8000276 2003