# 00001681

MAR-24-99 16:57 FROM:FOLEY & LARDNER

ID:4076481743

PAGE

1/6

nups.//cussi..oos.state.ti.us/scripts/efikovr.exe

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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.

(((H9900007061 7)))

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)922-4003

from:

Account Name : FOLEY & LARDNER

Account Number : I19980000047 Phone

: (407)423-7656 Fax Number : (407)648-1743

Billing No.: 02-2048 - 0109

**Number of Pages:** 

Return to: Leslie S. Holdorf (0791)

Corporate Paralegal

## LIMITED LIABILITY COMPANY

Reorganized Surgery Center, L.L.C.

Name 3/25/99 Availability Occ	\ - <u></u>
Document Examiner	DUC
¹¹nda†er	500
haler Verifyer	120 <b>0</b>
Acknowledgement	DCC
W. P. Verifyer	- D00

Certificate of Status	0
Certified Copy	1
Page Count	-04 4
Estimated Charge	\$337.50

cerunea copy	لي		
Page Count		04	6
Estimated Charge		\$337.	50
101000-11200-1			



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 24, 1999

J. ANDREW HAGAN, ESQ. FOLEY & LARDNER 111 N ORANGE AVENUE, STE 1800 ORLANDO, FL 32801

SUBJECT: REORGANIZED SURGERY CENTER, L.L.C.

REF: W99000007131

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407(1)(e), Florida Statutes, requires the articles of organization to set forth the right, if given, of the members to admit additional members and the terms and conditions of the admissions. Reference to the operating agreement/regulations is not sufficient.

The FAX audit number must be on the top and bottom of each page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist FAX Aud. #: H99000007061 Letter Number: 499A00014860

H99000007061 7

#### ARTICLES OF ORGANIZATION

Of

### REORGANIZED SURGERY CENTER, L.L.C.

(a Florida limited liability company)

The undersigned, acting as organizer of a limited liability company under the Limited Liability Company Act of the State of Florida, hereby adopts the following Articles of Organization for such limited liability company.

- 1. The name of the limited liability company is: REORGANIZED SURGERY CENTER, L.L.C.
- 2. The mailing address and street address of the principal office of the limited liability company is: 160 Boston Avenue, Altamonte Springs, FL 32701
  - 3. The period of duration for the limited liability company shall be perpetual.
- 4. The limited liability company is to be managed by a manager and the name and address of such manager who is to serve as manager is the:

Florida Eye Clinic Ambulatory Surgical Center, Inc. 160 Boston Avenue Altamonte Springs, FL 32701

- 5. Additional members shall be admitted at the discretion of the Manager and on the terms and conditions established by the Manager.
- 6. The name and address of the registered agent and office of the limited liability company is:

F & L Corp.
The Greenleaf Building
Third Floor, 200 Laura Street
Jacksonville, Florida 32201-0240

99 MAR 24 PM 4: 40
SECRETARY OF STATE
TALL ADARSES FOR DORA

Prepared by:

J. Andrew Hagan, Esq. Foley & Lardner 111 N Orange Avenue, Ste 1800 Orlando, FL 32801 Telephone: 407/423-7656 Bar #: 973343 H99000007061 7

H9900000 7061 7

7. Upon a dissolution event set forth in Section 608.441(1)(c), Florida Statutes, the limited liability company shall continue its business unless the members owning a majority of the Class A Units elect to terminate the business of the limited liability company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of REORGANIZED SURGERY CENTER, L.L.C., this  $\frac{1}{2}$  day of March, 1999, on behalf of the parties who shall be its members.

FLORIDA EYE CLINIC AMBULATORY SURGICAL CENTER, INC., 2 Member

By: \_\_\_\_\_ Name: Title:

President

99 MAR 24 PM 4: 40
SECRETARY OF STATE
TALL AMASSES EL DONA

Prepared by:

J. Andrew Hagan, Esq. Foley & Lardner

111 N Orange Avenue, Ste 1800

Orlando, FL 32801 Telephone: 407/423-7656

Bar #: 973343

H9900000 7061 7

H9900000 7061 7

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

REOR	The undersigned member or auth GANIZED SURGERY CENTER, L.L.	horized representative .C., deposes and says:	of a member of		
1)	The above named limited liability compa	any has at least one memb	er		
2)	The total amount of cash contributed by	the member(s) is	\$ <u>5,000.</u> @		
3)	If any, the agreed value of property other by member(s) is	er than cash contributed	\$		
	A description of the property is attached	and made a part bereto.			
4)	The amount of cash or property anticipa member(s) is	ted to be contributed by	\$		
5)	The total amounts of 2,3, and 4 is		\$ 5,000.00		
		FLORIDA EYE CLINIC SURGICAL CENTER, I  By:  Name:  Title:	NC., a Member  L. Isler, Bresikat		
	G. consider a with coation 608 408(3). Floridg Statutes, the execution of this affidavil				

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED

99 MAR 24 PN 4: 40

SECRETA Y OF STATE
TALL AHASSEE FLORIDA

H99000007061 7

#### ACCEPTANCE OF APPOINTMENT BY INITIAL REGISTERED AGENT

PURSUANT TO THE PROVISION OF SECTION 608.415 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1) The name of the limited liability company is: REORGANIZED SURGERY CENTER, L.L.C.
- 2) The name and address of the registered agent and office is:

F & L Corp. The Greenleaf Building Third Floor, 200 Laura Street Jacksonville, Florida 32201-0240

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 relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

F & L Corp.

a Wisconsin corporation

John A. Sanders, As Agent and

Authorized Signatory

H99000007061 7