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DIVISION OF CORPORATIONS  
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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

000002088830--1

-02/17/97--01013--015

\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

Gardens Surgery Center of Palm Beach County, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☒ Certified Copy

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CR2E031 (1-89)

D. BROWN FEB 16 1997

State of Florida  
Articles of Incorporation  
Of

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Gardens Surgery Center of Palm Beach County, Inc.

FIRST: The corporate name that satisfies the requirements of Section 607.0401 is: Gardens Surgery Center of Palm Beach County, Inc.

SECOND: The street address of the initial principal office of the corporation and its mailing address are:

Address of Principal Office: 3803 PGA Boulevard, Palm Beach Gardens, Florida, 33410.

Mailing Address of Corporation: 777 South Flagler Drive, West Palm Beach, Florida, 33401.

THIRD: The number of shares the corporation is authorized to issue is One Thousand (1,000) each with the par value of One Dollar and No Cents (\$1.00).

FOURTH: The street address of the initial registered office of the corporation is C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, and the name of its initial registered agent at such address is C T CORPORATION SYSTEM.

FIFTH: The name and address of each incorporator is:  
Joey Bryan 660 East Jefferson Street, Tallahassee, FL 32301  
The undersigned have executed these articles of incorporation this 14th day of February.

  
Acceptance by the Registered Agent of


Gardens Surgery Center of Palm Beach County, Inc.

as required in Section 607.0501

C T Corporation System is familiar with and accepts the obligations provided for in Section 607.0505.

C T CORPORATION SYSTEM

Dated February 14, 1997

By   
CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
(Type Name of Officer)

\_\_\_\_\_  
(Title of Officer)