

**L03000030778**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : CLOVERLEAF CAPITAL ADVISORS, LLC  
Account Number : IL9990000230  
Phone : (407) 905-9699  
Fax Number : (407) 905-9695

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**LIMITED LIABILITY COMPANY**

**Surgical Solutions, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

*Handwritten signature and date: 8-19-03*

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. NAME**

The name of the Limited Liability Company is:

**Surgical Solutions, LLC**

**ARTICLE II. ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3426 King George Drive, Orlando, Florida 32835.

**ARTICLE III. DURATION**

The period of duration for the Limited Liability Company shall be: Twenty (20) Years.

**ARTICLE IV. REGISTERED AGENT**

The street address of the initial registered office of the corporation shall be 12200 West Colonial Drive, Suite 303, Winter Garden, Florida 34787 and the name of the initial registered agent of the corporation at that address is E. Nicholas Davis, III.

**ARTICLE V. MANAGEMENT**

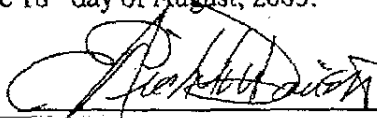
The Limited Liability Company is to be managed by the members and the name and address of the initial managing member is:

E. Nicholas Davis, III  
12200 West Colonial Drive  
Suite 303  
Winter Garden, FL 34787

03 AUG 18 11 08:52  
FAX  
E. NICHOLAS DAVIS, III

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The undersigned authorized representative of a member of Surgical Solutions, LLC, hereby executes these articles of organization on the 18<sup>th</sup> day of August, 2003.



E. Nicholas Davis, III  
Managing Member

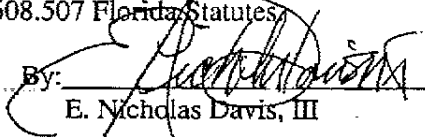
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**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLE OF ORGANIZATION**

E. Nicholas Davis, III, having a business office identical with the registered office of the Limited Liability Company named above, and having been designated as the registered agent in the above and foregoing articles, is familiar with and accepts the obligations of the position of registered agent under Section 608.415 or 608.507 Florida Statutes.

By: \_\_\_\_\_



E. Nicholas Davis, III

Dated: August 18, 2003

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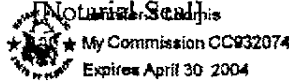
STATE OF FLORIDA )  
 )  
COUNTY OF ORANGE )

On this 18<sup>th</sup> day of August, 2003, before me, a Notary Public in and for the State and County aforesaid, personally appeared E. Nicholas Davis, III, who either is known to me personally or who supplied \_\_\_\_\_ as identification, acknowledged to the fact that he is the organizer of Surgical Solutions, LLC, and that he executed as said organizer the foregoing Articles of Organization of said Company as his act and deed and as the act and deed of said corporation.

WITNESS my hand and seal of office on the date and year first aforesaid.

*Jennifer S. Goonis*  
NOTARY PUBLIC

Notary Public Commission expires:



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