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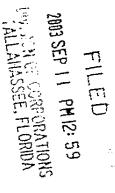
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#### PETERSON & MYERS, P.A.

ATTORNEYS AT LAW

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September 9, 2003

DENNIS P. JOHNSON KRISTEN B, KIEFFER KEVIN C. KNOWLTON DOUGLAS A. LOCKWOOD, III WILLIAM M. MIDYETTE. 33 DAVID A. MILLER CORNEAL B. MYERS E. BLAKE PAUL ROBERT E. PUTERBAUGH THOMAS B. PUTNAM, JR. DEBORAH A. RUSTER STEPHEN R. SENN ANDREA TEVES SMITH KEITH H. WADSWORTH KERRY M. WILSON

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Mascell PAIR: 59 CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES, P.L. RE:

Gentlemen:

Enclosed for filing please find the Articles of Organization for the above-referenced Florida limited liability company.

Also enclosed is a check in the amount of \$155.00 for the filing fee and the cost of a certified copy.

If anything further is needed, please let me know. Otherwise, please forward the certified copy to me at the above Winter Haven address.

Sincerely,

KERRY M. WILSON

:pk

Enclosures

## ARTICLES OF ORGANIZATION FOR

#### CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES, P.L.

A Florida Professional Limited Liability Company

The undersigned, desiring to form a professional limited liability company under and pursuant to Chapters 608, Florida Statutes, the Florida Limited Liability Company Act, and Chapter 621, does hereby adopt the following Articles of Organization for such Company:

#### ARTICLE I Name

The name of this Company shall be **CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES, P.L.** 

#### ARTICLE II Duration

The term of existence of the Company shall be perpetual.

## ARTICLE III Mailing and Street Address

The mailing and street address of the Company is: 80 Jenni Ashley Court, Winter Haven, FL 33884-3044.

## ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent and office for this Company is as follows: Stuart D. Patterson, 80 Jenni Ashley Court, Winter Haven, FL 33884-3044.

## ARTICLE V Admission of Additional Members; Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

## ARTICLE VI Management of Company

The Company is to be managed by its Members.

## ARTICLE VII Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

#### ARTICLE VIII Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this  $\frac{9 \, \text{K}}{\text{M}}$  day of September, 2003.

Stuart D. Patterson, a Member of the

Master Constitution of the State of the Stat

Company

#### STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the abovestated limited liability company, 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 accept the obligations of my position as Registered Agent as provided in Chapter 608, Florida Statutes.

Stuart D. Patterson

#### STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 940 day of September, 2003, by **Stuart D. Patterson**, who is personally known to me or produced FL Driver's License as identification.

(SEAL)



NOTARY PUBLIC

H. ELAINE SILEP

Print Name of Notary

My Commission Expires:

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