

LO5000099048

Florida Department of State  
Division of Corporations  
Public Access System

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.

((H05000238194 3))

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)205-0383

From: Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : I20030000037  
Phone : (561) 835-8500  
Fax Number : (561) 650-8530

FILED  
05 OCT -7 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Florida Foot & Ankle Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
05 OCT -7 11:51  
DIVISION OF CORPORATIONS  
10/10/05

Electronic Filing Menu

Corporate Filing

Public Access Help

3P

((H05000238194 3))

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**Florida Foot & Ankle Associates, LLC**

**ARTICLE II - Address**

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

Mailing and Street Address:	8940 North Kendall Drive, Ste. 801 E Miami, FL 33176 Attn: Ira Baum, D.P.M.
-----------------------------	---

FILED  
 05 OCT - 7 AM 8:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent and Office**

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

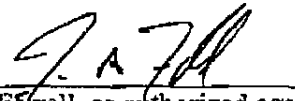
Registered Agent:	Corporation Company of Miami
Street Address	250 Australian Ave. Suite 500 - JAF W. Palm Beach, Florida 33401

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

Date: October 7, 2005

**Florida Foot & Ankle Associates, LLC,**  
a Florida limited liability company

By:   
James Farrell, as authorized agent for  
Ira Baum, D.P.M., Manager

(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.)

((H05000238194 3))

.OGT-07-2005 FRI 10:35 AM

FAX NO.

P. 03

((B05000238194 3))

**REGISTERED AGENT ACCEPTANCE**

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Corporation Company of Miami



James A. Farrell  
Its Vice President

**FILED**  
05 OCT -7 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING FEES:  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

((B05000238194 3))