

U99000007005

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

R4 Z Orthopaedic  
Management, LLC

800003023438-1

-10/25/99-01065-004

\*\*\*\*125.00 \*\*\*\*125.00

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

MJH

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED  
99 OCT 25 AM 11:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
99 OCT 25 PM 1:26  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION  
OF  
R & Z ORTHOPAEDIC MANAGEMENT, L.L.C.**

The undersigned subscriber to these Articles of Organization, being an authorized representative of a member, hereby subscribes to the formation of a limited liability company under the laws of the State of Florida, pursuant to the provisions of Chapter 608, Florida Statutes.

**ARTICLE I: NAME**

The name of this Limited Liability Company is R & Z Orthopaedic Management, L.L.C. (The "Company").

**ARTICLE II: MAILING STREET ADDRESS**

The mailing address and street address of the principal office of the Company is 2340 S. Tropical Trail, Merritt Island, Florida 32952.

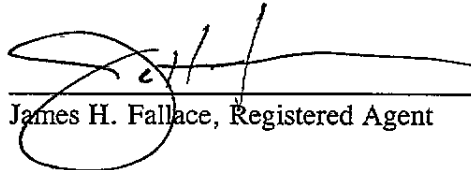
**ARTICLE III: REGISTERED AGENT**

The name and the Florida street address of the registered agent is:

James H. Fallace  
Fallace & Associates, P.A.  
1900 S. Hickory Street  
Melbourne, FL 32901

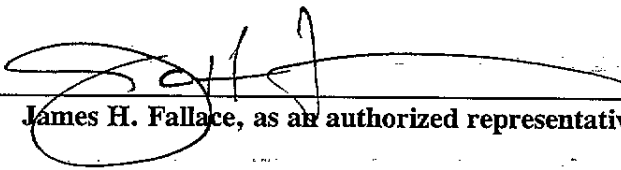
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Fla. Stat.*

  
James H. Fallace, Registered Agent

#### **ARTICLE IV: MANAGEMENT**

The Company is to be managed by its members.

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**James H. Fallace, as an authorized representative of a member**

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

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**James H. Fallace**  
**Typed name of signee**