

L0000000 9264

**LAW OFFICES OF
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July 28, 2000

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines Street (32301)
Post Office Box 6327
Tallahassee, FL 32314

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-07/31/00--01125--020
***310.00 ***155.00

Re: Providers Network Solutions, LLC and Orthopedic Network Solutions, LLC

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Organization for each of the above referenced limited liability companies. Upon filing of same, please return one (1) certified copy of each stamped with the date and time the document has been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our check in the amount of \$310 for filing fees.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

MAYER, KENNEDY & RANDOLPH

Paul T. Trinley

Name Availability	
Document Examiner	DCC
Updater	DCC
PTT/tas	
Updater Enc.	CC
Verifier	C:\PUBLIC\PELAYO\CANLTRS\SECST.728
Acknowledgement	DCC
W. P. Verifier	DCC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthopedic Network Solutions, LLC

ARTICLE II - Address:

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

9676 NW 49th Place, Coral Springs, FL 33076

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Benjamin Metsch Name
1455 NW 14th Street
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33125
City, State, and Zip

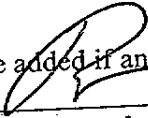
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)


Signature of a member or 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.)

Benjamin Metsch

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA