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Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)922-4003

From:

Account Name : RICHARD B. COMITER & ASSOCIATES, P.A.  
Account Number : I200000000085  
Phone : (561)838-4505  
Fax Number : (561)659-3800

01 JAN 16 PM 5:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 16 AM 12:49

RECEIVED

LIMITED LIABILITY COMPANY

Hand and Peripheral Nerve Specialists, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION  
OF  
HAND AND PERIPHERAL NERVE SPECIALISTS, P.L.**

**ARTICLE I - Name:** The name of the Professional Limited Liability Company is: HAND AND PERIPHERAL NERVE SPECIALISTS, P.L.

**ARTICLE II - Address:** The street address of the principal office of the Professional Limited Liability Company is 8940 N. Kendall Drive, #904 E, Miami, FL 33176 and the mailing address of the Professional Limited Liability Company is P.O. Box 43-0942, Miami, FL 33243.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are: John A. I. Grossman, M.D., F.A.C.S., P.A., 8940 N. Kendall Drive, #904 E, Miami, FL 33176.

*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.*

\_\_\_\_\_  
John A. I. Grossman, President of John A. I. Grossman, M.D., F.A.C.S., P.A.  
Registered Agent's Signature

**ARTICLE IV - Management:** (Check box if applicable)

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

**ARTICLE V - Business Purpose:** The purpose of the Professional Limited Liability Company is to provide medical services related to hand and peripheral nerves.

\_\_\_\_\_  
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.)

JOHN A. I. GROSSMAN MD FACS PA  
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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