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April 2, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

800005221978--1  
-04/09/02--01033--016  
\*\*\*\*160.00 \*\*\*\*160.00

RE: BOND MEDICAL GROUP OF MIAMI, LLC  
(Proposed Limited Liability Company name)

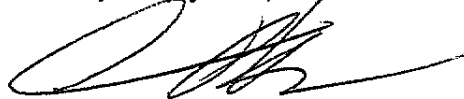
Dear Sir or Madam:

Enclosed is the original and one (1) copy of **BOND MEDICAL GROUP OF MIAMI, LLC**, with my check in the amount of **\$160.00** for articles of organization of Florida Limited Liability Company, including:

\$100.00	Filing fee for Articles of Organization and Affidavit.
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status
\$ 30.00	Certified copy of Articles

I understand a letter of acknowledgment will be issued free of charge.

Very truly yours,



CHRISTOPHER P. KELLEY

CPK:rd  
Enclosures

Christopher Kelley GAVE  
AUTHORIZATION BY PHONE TO

CORRECT Article IV to show MGRM

DATE 4/10 @ 1:52 pm

DOC. EXAM J. Bryan

FILED  
2002 APR -8 PM 1:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN APR 10 2002

ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY

FILED  
2002 APR -8 PM 1:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE I  
NAME

The name of the Limited Liability Company is:

**BOND MEDICAL GROUP OF MIAMI, LLC**

ARTICLE II  
ADDRESS

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

746 N.E. 95 Street  
Miami Shores, FL 33138

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE

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

CHRISTOPHER P. KELLEY  
(name)

11098 Biscayne Boulevard, Suite 205  
(Florida street address)

Miami, FL 33161  
(City/State/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**

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

Managing Member	JAMES C. O'CONNOR	746 N.E. 95 Street Miami Shores, FL 33138
Managing Member	TRAVIS L. BOND	16202 West Course Drive Tampa, FL 33624

  
\_\_\_\_\_  
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 are true.)

\_\_\_\_\_  
JAMES C. O'CONNOR  
Typed or printed name of signee

**FILED**  
**2002 APR -8 PM 1:54**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**