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Florida Department of State

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Fax Number : (850) 205-0383

From: Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

LIMITED LIABILITY COMPANY

NEUROSURGERY ASSOCIATES, L.L.C.

| | |
|-----------------------|----------|
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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION
OF
NEUROSURGERY ASSOCIATES, L.L.C.
a Florida Limited Liability Company

ARTICLE I
NAME

The name of this Limited Liability Company is **NEUROSURGERY ASSOCIATES, L.L.C.**
(the "Company").

ARTICLE II
ADDRESS

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

32615 U.S. 19 North, Suite 5
Palm Harbor, FL 34684

ARTICLE III
DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLES OF ORGANIZATION OF NEUROSURGERY ASSOCIATES, L.L.C.

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Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
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TALLAHASSEE, FLORIDA

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Audit Fax#: H02000128713 3**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by its managers and the names and addresses of such managers are:

DEAN J. GOBO, M.D.
32615 U.S. 19 North, Suite 5
Palm Harbor, FL 34684

HAROLD J. COLBASSANI, JR., M.D.
32615 U.S. 19 North, Suite 5
Palm Harbor, FL 34684

JED P. WEBER, M.D.
32615 U.S. 19 North, Suite 5
Palm Harbor, FL 34684

**ARTICLE V
ADMISSION OF NEW MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLES OF ORGANIZATION OF NEUROSURGERY ASSOCIATES, L.L.C.

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The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.


AUTHORIZED REPRESENTATIVE OF MEMBER
NEUROSURGERY ASSOCIATES, L.L.C.


ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 1st day of May 2002, by ALAN S. GASSMAN, as Authorized Representative of NEUROSURGERY ASSOCIATES, L.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.


Notary Public, State of Florida
My Commission Expires:



ARTICLES OF ORGANIZATION OF NEUROSURGERY ASSOCIATES, L.L.C.

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Audit Fax#: H02000128713 3**ACCEPTANCE OF REGISTERED AGENT**

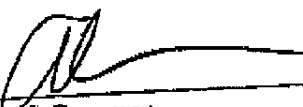
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: NEUROSURGERY ASSOCIATES, L.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman
1245 Court Street
Suite 102
Clearwater, FL 33756

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.



Alan S. Gassman (SEAL)

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sent 5-1-02

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