

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000181199 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-117

Phone : (850)222-1173 Fax Number : (850)224-1640

LIMITED LIABILITY COMPANY

THE INSTITUTE FOR SPORTS MEDICINE AND ORTHOPAEDIC SU

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

LO2-20828 TC

H02000181199

ARTICLES OF ORGANIZATION OF

THE INSTITUTE FOR SPORTS MEDICINE AND ORTHOPAEDIC SURGERY, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

THE INSTITUTE FOR SPURTS MEDICINE AND ORTHOPAEDIC SURGER

ARTICLE II - Address:

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

5701 Overseas Highway Suite 17 Marathon, Florida 33050

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Larry Ward 3201 Flagler Avenue Suite 506 Key West, Florida 33040

H02000181199

ARTICLE V — Management:

The Limited Liability Company will be a manager managed company.

Lamy Ward

Authorized Signatory

H02000181199

H02000181199

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE BELOW STATED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: THE INSTITUTE FOR SPORTS

 MEDICINE AND ORTHOPAEDIC SURGERY, LLC-
 - The name and address of the registered agent and office is:

Larry Ward 3201 Flagler Avenue Suite 506 Key West. Florida 33040

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and the undersigned is familiar with and accepts the obligations of his position as registered agent.

Larry Ward

Dated: August 13rt, 2002

H02000181199