NOV- 4-02 MON 2:29 PM

Division of Corporation

L02000029358

(4) 11/4 FLLC

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.

MJM

(((H02000221535 6)))

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 : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

FILED
02 NOV -4 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
02 NOV -4 PM 2:25
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

JERSEY SURGERY, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

H02000291635

FILED
02 NOV -4 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION OF JERSEY SURGERY, P.L.

ARTICLE I-Name:

The name of the Professional Limited Liability Company is:

Jersey Surgery, P.L.

ARTICLE II-Address:

The mailing address, including the street number, of the principal office of the Professional Limited Liability Company is:

450 West Hillsboro Boulevard, Deerfield Beach, FL 33441.

ARTICLE III-Duration:

The period of duration for the Professional Limited Liability Company shall be:

Perpetual.

ARTICLE IV-Purpose:

This Professional Limited Liability Company is organized for the purpose of:

(a) Rendering specific professional service as medical doctor;

(b) To purchase, sell exchange, lease, assign, transfer, encumber or otherwise deal in or with real property, personal property, equipment, supplies and other items in relation to the purposes stated herein, including to borrow for the acquisition of and/or to pledge and/or encumber such property;

(c) To do any and all things permitted by law incident to the foregoing, including but not by limitation, the borrowing of funds, pledging of Professional Limited Liability Company assets, and dealing with tangible and intangible property of all kinds; and

(d) In general, to carry on any other business in connection with the foregoing, or otherwise, and to transact any or all lawful businesses, and to have and exercise all the powers conferred by the laws of Florida on professional limited liability companies formed under The Florida Limited Liability Company Act.

ARTICLE V-Management:

The Professional Limited Liability Company is to managed by the Board of Managers, as more specifically set forth in the Operating Agreement, and the names and addresses of the Managers are:

Gary S. Lehr, M.D., P.A., 450 West Hillsboro Boulevard, Deerfield Beach, FL 33441.

Randy S. Kimmelman, D.O., P.A., 450 West Hillsboro Boulevard, Deerfield Beach, FL 33441.

ARTICLE VI-Withdrawal or *Disqualification* of Member:

Upon an event of withdrawal or disqualification of a member, the remaining members shall have the right, subject to the provisions set forth in the Operating Agreement, to continue the business and affairs of the Professional Limited Liability Company.

ARTICLE VII-Admission of Additional Members:

The members may admit additional members upon the affirmative vote of at least seventy five percent (75%) of the members.

ARTICLE VIII-Tax Purposes:

For tax purposes, the Professional Limited Liability Company will be operating as a partnership.

IN AFFIRMATION THEREOF, the facts stated above in these Articles of Organization are true.

DATED this 4th day of November 2002.

Gary S. Lehr, M.D., P.A.
by Gary S. Lehr, M.D., President
Member and Organizer

Randy S. Kimmelman, D.O., P.A.
by Randy S. Kimmelman, D.O., President
Member and Organizer

H02000339535

CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the professional limited liability company is:

Jersey Surgery, P.L.

2. The name and address of the registered agent and office is:

Joel Kornberg, M.D., J.D., P.A.
7301-A West Palmetto Park Road, Suite 305C
Boca Raton, Florida 33433

Having been named as registered agent and to accept service of process for the above stated professional 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.

Joel Kornberg, M.D., J.D., P.A.
By Joel Kornberg, M.D., J.D., President

11/04/02
(Date)