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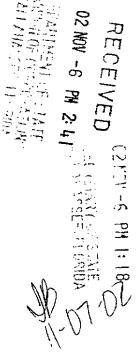
(Demostrate News)	
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CT CORPORATION

November 6, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re:

Order #: 5717146 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Community Orthopedics and Hand Surgery, LLC (FL)

Formation

Florida

Plantation Ortho, LLC (FL)

Formation

Florida

Todas Jula Please!

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention. ∞

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CT CORPORATION

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

SECREMENT OF STATE

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Community Orthopedics and Hand Surgery, LLC

ARTICLE II - Address:

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

One Park Plaza, Nashville, TN 37203

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

	C T Corporation System	
	Name	
	c/o C T Corporation System,1200 South Pine Island Road	
	Florida street address (P.O. Box NOT acceptable)	
	Plantation FL 33324	
	City, State, and Zip	
liability company of registered agent at statutes relating to accept the obligati	at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of all to the proper and complete performance of my duties, and I am familiar with and tions of my position as registered agent as provided for in Chapter 608, F.S. CT Corporation System By: Registered Agent's Signature ASSISTANT SECRETARY An additional article must be added if an effective date is requested) 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.)	

Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

Dora A. Blackwood, Assistant Secretary

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)