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(Re	equestor's Name)	
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SECRETARY GF STAYER LLAHASSEE, FLORIDA

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ACCOUNT NO. : 072100000032

REFERENCE AUTHORIZATION\_ MAKES

COST LIMIT :

ORDER DATE: November 4, 2002

ORDER TIME: 10:43 AM \_

ORDER NO. : 807181-001

CUSTOMER NO: 7356027

CUSTOMER:

Dr. Richard Turk

6388 Silver Star Rd.

Ste 2-g

Orlando, FL 32818

DOMESTIC FILING

NAME: TRIMED LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
TRIMED LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
6388 SILVER STAR ROAD, SUITE 2-G, ORLANDO, FL 32818
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Corporation Service Company
Name See 15
1201 Havs Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State, and 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.  Corporation Service Company  By:  Deborah D. Skipper  Registered Agent's Signature  Asst. V. Pres.
(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.)
DEBORAH D. SKIPPER
Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

# TRIMED LLC

Dr. Richard Turk, D.C. MGRM

Paul S. Webster, M.D. MGRM

Ibem R. Borges, M.D. Member

6388 Silver Road, Suite 2-G Orlando, FL 32818

6388 Silver Road, Suite 2-G Orlando, FL 32818

6388 Silver Road, Suite 24G Orlando, FL 32818 CCRCTAR AHASS

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## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of TRIMED LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this & day of November, 2002.

Print Name of Witness

KICHAND T

Print Name of Signer

WITNESS:

Signature

Print Name of Witness

FL LLC D-:LIMITED POWER OF ATTORNEY 04/00 (FLLLCATT)