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Division of Corporations

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DIVISION OF CORPORATION

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : REDGRAVE & TURNER LLP  
Account Number : I20020000007  
Phone : (561) 347-1700  
Fax Number : (561) 391-9944

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**LIMITED LIABILITY COMPANY**

**MedArts in the Springs, LLC**

Certificate of Status	0
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FAX AUDIT NO. H02000231221 1

**ARTICLES OF ORGANIZATION**

of

**MedArts in the Springs, LLC**

Under the Florida Limited Liability Company Act.

**ARTICLE I**

**NAME**

The name of this limited liability company is **MedArts in the Springs, LLC** (the "Company").

**ARTICLE II**

**MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is **9750 NW 33rd Street, Suite 107, Coral Springs, Florida 33065, c/o Melvin S. Kohan, M.D.**

**ARTICLE III**

**REGISTERED AGENT AND OFFICE**

The name and street address of the Company's initial registered agent in Florida is **Redgrave & Turner, LLP, 120 E. Palmetto Park Road, Suite 450, Boca Raton, Florida 33432.**

**ARTICLE IV**

**MANAGEMENT**

The Company is to be a manager-managed Company.

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In Witness Whereof, the undersigned has executed these Articles of Organization  
on the 26th day of November, 2002.

Melvin S. Kohan, M.D., Member  
Melvin S. Kohan, M.D., Member

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**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

Having been named as registered agent to accept service of process for MedArts in the Springs, LLC, at the place designated in the foregoing Articles of Organization, we hereby accept the appointment as registered Agent and agree to act in this capacity. We further agree to comply with the provisions for the Florida limited Liability Company Act relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as Registered Agent.

REDGRAVE & TURNER LLP  
Initial Registered Agent

Dated: November 26, 2002

By: 

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