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Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

DaVinci Medical, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

31

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**ARTICLES OF ORGANIZATION
OF
DaVinci Medical, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **DaVinci Medical, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7777 Forest Ln., Dallas, Texas 75230.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: *Business Filings Incorporated*, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the names and addresses of the managers of the Limited Liability Company are:

Raul P. Rodriguez, M.D., 7777 Forest Ln., Ste B214, Dallas, Texas 75230
Ellen Simon, 12850 Spurling, #110, Dallas, Texas 75230

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Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated

8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **DaVinci Medical, LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of
Miami-Dade.

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

Signature: _____


Mark Schiff, AVP
Business Filings Incorporated

Date: January 17, 2003

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