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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

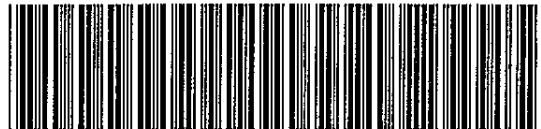
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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July 8, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Neurosurgical Implant Services of Lee County, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Neurosurgical Implant Services of Lee County, LLC (including one original and one copy) and a check for the filing fee. Please feel free to contact me if you have additional questions.

Regards,

  
Dawn R. Landers

DRL/pr  
Enclosures

cc: Robert E. Rich, Esq. (w/enc.)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neurosurgical Implant Services of Lee County, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn R. Landers, Esq.

(Name of Person)

Taft, Stettinius & Hollister LLP

(Firm/Company)

425 Walnut Street, Suite 1800

(Address)

Cincinnati, Ohio 45202

(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Dawn R. Landers, Esq.  
(Name of Person)

at

(513) 357-9335

(Area Code & Daytime Telephone Number)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Neurosurgical Implant Services of Lee County, LLC

**ARTICLE II- Address:**

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

**Principal Office Address:**

**Mailing Address:**

16758 Panther Paw Court

16758 Panther Paw Court

Fort Myers, Florida 33908

Fort Myers, Florida 33908

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

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

Michael J. Sweeney, M.D., M.B.A.

Name

16758 Panther Paw Court

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, Florida 33908

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.*

Michael J. Sweeney  
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Manager(s):**

Neurosurgical Implant Services of Lee County, LLC is to be a manager-managed company.  
The name and address of the Manager is as follows:

**Title:**

"MGR" = Manager

**Name and Address:**

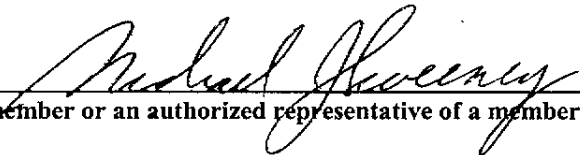
\_\_\_\_\_  
MGR

\_\_\_\_\_  
Surgical Implant Services, LLC  
\_\_\_\_\_  
16758 Panther Paw Court  
\_\_\_\_\_  
Fort Myers, Florida 33908  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
  
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.)

\_\_\_\_\_  
Michael J. Sweeney, M.D., M.B.A.  
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)

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