Division of Corpor

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To:

Division of Corporations

Fax Number : (850)205-0383...

Account Name : CLOVERLEAF CAPITAL ADVISORS, LLC

Account Number_: IL9990000230 Phone : (407)905-9699 Fax Number : (407)905-9695

LIMITED LIABILITY COMPANY

Surgical Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

8/18/2003

Fax Audit No H03000255892 9

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is:

Surgical Solutions, LLC

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 3426 King George Drive, Orlando, Florida 32835.

ARTICLE III. __ DURATION

The period of duration for the Limited Liability Company shall be: Twenty (20) Years.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 12200 West Colonial Drive, Suite 303, Winter Garden, Florida 34787 and the name of the initial registered agent of the corporation at that address is E. Nicholas Davis, III.

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the initial managing member is:

E. Nicholas Davis, III 12200 West Colonial Drive Suite 303 Winter Garden, FL 34787

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The undersigned authorized representative of a member of Surgical Solutions, LLC, hereby executes these articles of organization on the 18th day of August, 2003.

E. Nicholas Davis, III Managing Member

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ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLE OF ORGANIZATION

E. Nicholas Davis, III, having a business office identical with the registered office of the Limited Liability Company named above, and having been designated as the registered agent in the above and foregoing articles, is familiar with and accepts the obligations of the position of registered agent under Section 608.415 or 608.507 Florida Statutes

E. Nicholas Davis, III

Dated: August 18, 2003

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STATE OF FLORIDA)
COUNTY OF ORANGE)
aforesaid, personally appeared suppliedorganizer of Surgical Solutions	gust, 2003, before me, a Notary Public in and for the State and County E. Nicholas Davis, III, who either is known to me personally or who as identification, acknowledged to the fact that he is the s, LLC, and that he executed as said organizer the foregoing Articles of as his act and deed and as the act and deed of said corporation.
WITNESS my hand an	ed seal of office on the date and year first aforesaid.

Notary Public Commission expires:

Moturial Scalibis My Commission CC932074
Expires April 30 2004

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