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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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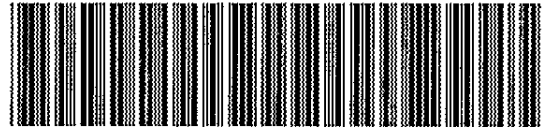
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. BRYAN SEP 29 2003

Greenberg Traurig, P.A.  
Requester's Name

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Call June @ 222 -  
6891 when ready.  
Thank you!

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE ORTHOPAEDIC INSTITUTE, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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**ARTICLES OF ORGANIZATION  
OF  
THE ORTHOPAEDIC INSTITUTE, LLC**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

**ARTICLE I - Name**

The name of this limited liability company is The Orthopaedic Institute, LLC ("Company").

**ARTICLE II - Duration**

The Company shall exist perpetually.

**ARTICLE III - Address**

The mailing and street address for the principal office of the Company is 1035 NW 57<sup>th</sup> Street, Gainesville, FL 32605.

**ARTICLE IV - Admission of Additional Members**

Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.

**ARTICLE V - Members Rights to Continue Business**

If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.

**ARTICLE VI - Management**

The daily, usual course of business of the Company will be managed by a manager (the "Manager"). The Manager shall be elected annually by the members in the manner prescribed by and provided for in the Regulations of the Company. The Manager shall also hold the offices and have responsibilities accorded to him by the members and as set forth in the Regulations of the Company. The members reserve the general management of the Company to themselves, and therefore all decisions outside the usual course of the Company's business will require a vote of the members holding two-thirds interest in the Company. The name and address of the Manager who is to serve is as follows:

Michael A. (Tony) Anderson, CFO  
1035 NW 57<sup>th</sup> Street  
Gainesville, FL 32605

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**ARTICLE VII - Operating Agreement**

The members shall have the power to adopt, alter, amend, or repeal operating agreements of the Company containing provisions for the regulation and management of the affairs of the Company.

**ARTICLE VIII - Registered Agent and Office**

The street address of the Corporation's initial registered office is 101 East College Avenue, Tallahassee, FL 32301 and the name of its initial registered agent at such office is Fred F. Harris, Jr., Esquire.

The undersigned executed these Articles of Organization effective as of September 22, 2003.

  
\_\_\_\_\_  
Michael A. (Tony) Anderson, CFO

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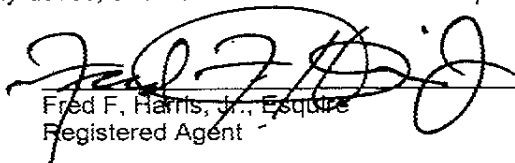
**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE  
AND  
ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is The Orthopaedic Institute, LLC
2. The name and address of the registered agent and office is:

Fred F. Harris, Jr., Esquire  
101 East College Avenue  
Tallahassee, FL 32301

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.

  
\_\_\_\_\_  
Fred F. Harris, Jr., Esquire  
Registered Agent

Date: 9/26/03

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