

L03000037354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800023202678

09/25/03--01026--007 **125.00

FILED
2003 SEP 25 AM 9:18
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 1 2003

TAFT, STETTINIUS & HOLLISTER LLP

425 WALNUT STREET, SUITE 1800

CINCINNATI, OHIO 45202-3957

513-381-2838

FAX: 513-381-0205

www.taftlaw.com

COLUMBUS, OHIO OFFICE
TWELFTH FLOOR
21 EAST STATE STREET
COLUMBUS, OHIO 43215-4221
614-221-2838
FAX: 614-221-2007

NORTHERN KENTUCKY OFFICE
SUITE 340
1717 DIXIE HIGHWAY
COVINGTON, KENTUCKY 41011-4704
609-331-2838
513-381-2838
FAX: 513-381-6613

MATTHEW C. LOFTUS
(513) 357-9377
loftus@taftlaw.com

CLEVELAND, OHIO OFFICE
3500 BP TOWER
200 PUBLIC SQUARE
CLEVELAND, OHIO 44114-2302
216-241-2838
FAX: 216-241-3707

September 19, 2003

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

Re: Orthopedic Implant Services of Brevard County, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Orthopedic Implant Services of Brevard County, LLC (including one original and one copy) and a check for the filing fee of \$125. Also enclosed please find an additional copy of the Articles. Please date and time stamp this copy and return it to my attention in the self-enclosed envelope.

Please feel free to contact me if you have additional questions.

Sincerely,



Matthew C. Loftus

cc: Robert E. Rich, Esq. (with enclosures)

FILED
2003 SEP 25 AM 9:18
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orthopedic Implant Services of Brevard 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:

Matthew C. Loftus, Esq.

(Name of Person)

Taft, Stettinius & Hollister LLP

(Firm/Company)

425 Walnut Street, Suite 1800

(Address)

Cincinnati, Ohio 45202-3957

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew C. Loftus, Esq.

(Name of Person)

at (513) 357-9377

(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

FILED
2003 SEP 25 AM 9:18
JULIEN CORPORATION'S
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthopedic Implant Services of Brevard County, LLC

ARTICLE II - Address:

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

Principal Office Address:

4905 Belfort Road, Suite 110

Jacksonville, Florida 32256

Mailing Address:

4905 Belfort Road, Suite 110

Jacksonville, Florida 32256

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

4905 Belfort Road, Suite 110

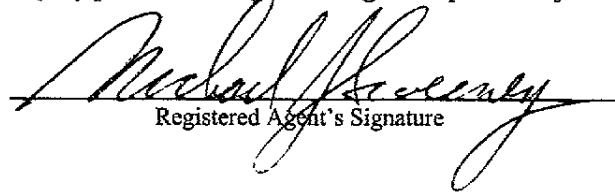
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32256

City, State, and Zip

FILED
2003 SEP 25 AM 9:19
CORPORATIONS
TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature

(CONTINUED)

