

LD4 000002306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

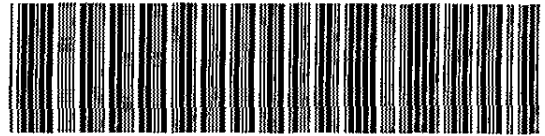
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 9 2004

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DAWN R. LANDERS
(513) 357-9335
landers@taftlaw.com

December 31, 2003

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 JAN - 5 AM 9:55
DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Orthopedic Implant Services of St. John's County, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Orthopedic Implant Services of St. John's 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.)
Matthew C. Loftus, Esq. (w/enc.)

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orthopedic Implant Services of St. John's County, LLC
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 45202-3957
(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn R. Landers at (518) 357-9335
(Name of Person) (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**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthopedic Implant Services of St. John's 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:

4905 Belfort Road

4905 Belfort Road

Suite 110

Suite 110

Jacksonville, Florida 32256

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

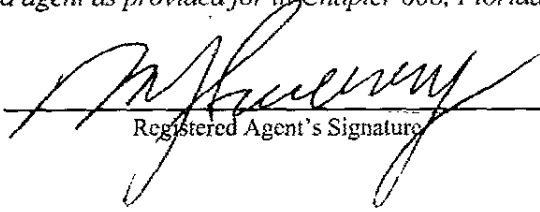
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FLORIDA 32256

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Surgical Implant Services, LLC

4905 Belfort Road, Suite 110

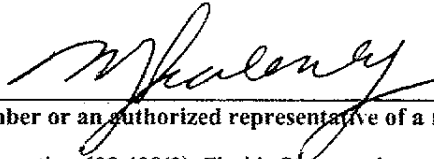
Jacksonville, Florida 32256

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

(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)