

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.  
Account Number : I20010000099  
Phone : (775) 884-1357  
Fax Number : (775) 882-6818

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## LIMITED LIABILITY COMPANY

Brandon Injury Center, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION OF**  
**Brandon Injury Center, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Brandon Injury Center, LLC

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE III**

**Registered Agent**

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Florida & Offshore Business Formation, Inc., 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by members and the names and addresses of such members are: Diane Jordan A.P.

**ARTICLE V**

**Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: limited as more particularly described in the Operating Agreement of the Company

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## ARTICLE VI

### Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: limited as more particularly described in the Operating Agreement of the Company

In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signature of authorized representative or member



Sandra L. Miller Organizer

Dated: 4 November 2004

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,  
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 company is: Brandon Injury Center, LLC
2. The name and address of the registered agent and office is:

Florida & Offshore Business Formation, Inc.  
20 S. Broad Street  
Brooksville, FL 34601

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.

  
Alan Teegarden

For and on behalf of Florida & Offshore  
Business Formation, Inc.

Dated: 4 November 2004

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