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(Address)

(Address)

(City/State/Zip/Phone #)

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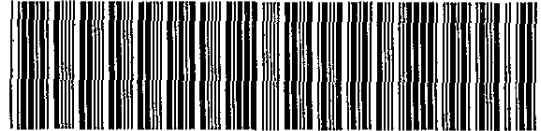
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN FEB 17 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOS INVESTMENTS, L.L.C.
(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:

Judy Heltschy
(Name of Person)

NORTH ORLANDO SURGICAL GROUP, INC
(Firm/Company)

1061 MEDICAL CTR DR 305
(Address)

ORANGE CITY FL 32763
(City/State and Zip Code)

For further information concerning this matter, please call:

G ARMSTRONG at (305) 756 0066
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Articles of Organization
For
NOS Investments, L.L.C.
(a Florida Limited Liability Company)**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, And file the following Articles or Organization.

Article 1 - Name:

The name of the Limited Liability Company is:

NOS Investments, L.L.C.

Article II - Address:

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

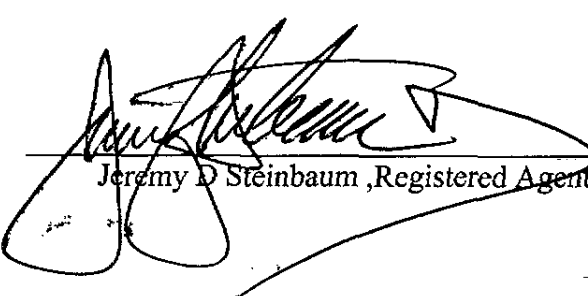
**1061 Medical Center Dr. Suite 305
Orange City FL 32763**

Article III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent is:

Jeremy D Steinbaum
1061 Medical Center Dr. Suite 305
Orange City FL 32763

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.


Jeremy D Steinbaum, Registered Agent

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2009 FEB 14 PM 2:18
CLERK OF COURTS
TALLAHASSEE, FLORIDA

**Articles of Organization
for
NOS Investments, L.L.C.**

Article IV - Manager(s):

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

Manager: Jeremy D Steinbaum
1061 Medical Center Dr. Suite 305
Orange City Florida 32763

Managing Member: Judy Ueltschy
1061 Medical Center Dr. Suite 305
Orange City Florida 32763

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Article V - Effective date:

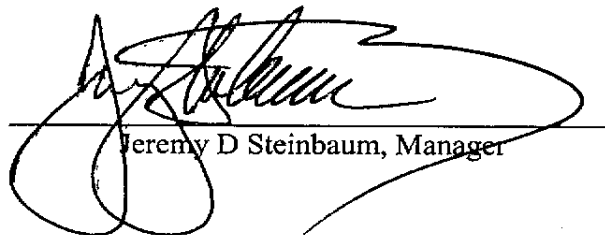
The effective date is: **10 February 2005**

Required signature:

I, Jeremy D Steinbaum, manager of:

NOS Investments, L.L.C.

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



Jeremy D Steinbaum, Manager

**CERTIFICATE AND ACKNOWLEDGMENT
OF THE REGISTERED AGENT &
REGISTERED OFFICE**

CERTIFICATE OF REGISTERED AGENT

OF

NOS Investments, L.L.C.

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes, the following is submitted:

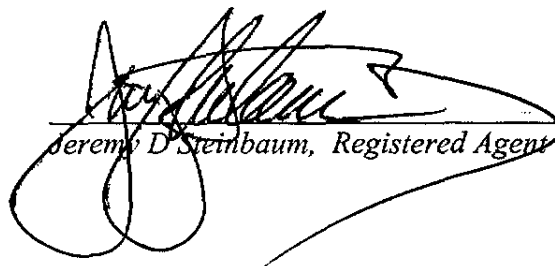
The above limited liability corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Organization at:

**1061 Medical center Dr., Suite 305
Orange City FL 32763**

has named : **Jeremy D Steinbaum**
located at the aforesaid address as its *Registered Agent* to accept service of
process for the above limited liability corporation at the place designated
in this certificate.

ACKNOWLEDGMENT

I, **Jeremy D Steinbaum**, hereby accept the appointment as *Registered Agent*
and agree to act in this capacity, accept service of process for the above
stated limited liability corporation at the place designated in this certificate.
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..


Jeremy D Steinbaum, Registered Agent