

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000017950  
FILED 8:00 AM  
February 22, 2005  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
PHYSICIANS TRAUMA SPECIALIST, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6807 WEST COMMERCIAL BLVD.  
TAMARAC, FL. 33319

The mailing address of the Limited Liability Company is:  
6807 WEST COMMERCIAL BLVD.  
TAMARAC, FL. 33319

**Article III**

The purpose for which this Limited Liability Company is organized is:  
TO PROVIDE MEDICAL SERVICES

**Article IV**

The name and Florida street address of the registered agent is:  
CHRISTINE B REYNOLDS  
7711 E. UPPER RIDGE DR.  
PARKLAND, FL. 33067

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.

Registered Agent Signature: CHRISTINE B. REYNOLDS

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
CHRISTINE B REYNOLDS  
6807 W. COMMERCIAL BLVD.  
TAMARAC, FL. 33319

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### **Article VI**

The effective date for this Limited Liability Company shall be:

02/22/2005

Signature of member or an authorized representative of a member

Signature: CHRISTINE B. REYNOLDS