Electronic Articles of Organization
For
Florida Limited Liability Company

L05000036837
FILED 8:00 AM
April 14, 2005
Sec. Of State
lrivers

Article I

The name of the Limited Liability Company is:

FLORIDA NEUROSURGICAL EXPERT WITNESS, LLC

Article II

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

6440 WEST NEWBERRY ROAD
SUITE 401
GAINESVILLE, FL. US 32605

The mailing address of the Limited Liability Company is:

P.O. BOX 140764
GAINESVILLE, FL. US 32614

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MICHAEL S SINGER ESQ
3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL. 33410

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: MICHAEL S. SINGER

Article V

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The name and address of managing members/managers are:

Title: MGRM
JENNIFER SCOTT
6440 WEST NEWBERRY ROAD, SUITE 401
GAINESVILLE, FL. 32605 US

Title: MGRM
PAMELA BAILEY
6440 WEST NEWBERRY ROAD, SUITE 401
GAINESVILLE, FL. 32605 US

Signature of member or an authorized representative of a member

Signature: MICHAEL S. SINGER