

07/07/2005 THU 15:12 FAX 239 334 4100 Henderson Franklin et al

Division of Corporations

001/004

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LIMITED LIABILITY COMPANY

PEDIATRIC NEUROLOGY OF SOUTHWEST FLORIDA, P.L.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
PEDIATRIC NEUROLOGY OF SOUTHWEST FLORIDA, P.L.**

**ARTICLE I  
NAME**

The name of the company shall be Pediatric Neurology of Southwest Florida, P.L., a Florida professional limited liability company (the "Company").

**ARTICLE II  
ADDRESS; PRINCIPAL OFFICE**

The mailing and street address of the principal office of the Company are: 15690 Light Blue Circle, Fort Myers, Florida 33908.

**ARTICLE III  
REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the registered agent of the Company are: Margie A. Morales, M.D., 15690 Light Blue Circle, Fort Myers, FL 33908.

**ARTICLE IV  
MANAGEMENT**

The Company shall be a member-managed company.

**ARTICLE V  
DURATION**

The Company's existence shall commence as of the date these Articles of Organization are filed with the Florida Department of State, and shall continue in effect until it is dissolved upon the occurrence of an event of dissolution described in the Operating Agreement of the Company.

**ARTICLE VI  
PURPOSE**

The Company may engage in each and every aspect of the general practice of medicine and such other activities related or incidental thereto, but only through its Members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

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**ARTICLE VII  
OPERATING AGREEMENT**

The Members of the Company shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company which may contain any provisions for the regulation and management of the affairs of the Company that are not inconsistent with applicable law or these Amended and Restated Articles of Organization.

IN WITNESS WHEREOF, the undersigned, being the sole Member of the Company, has caused these Articles of Organization to be executed as of this 07 day of July, 2005.

Margie A. Morales, MD  
MARGIE A. MORALES, M.D., Sole Member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is: Pediatric Neurology of  
Southwest Florida, P.L.

2. The name and address of the registered agent and office are:

Margie A. Morales, M.D.  
15690 Light Blue Circle  
Fort Myers, FL 33908

Having been named as registered agent and to accept service of process for the above  
stated professional 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.

*Margie A. Morales, M.D.*

Margie A. Morales, M.D., Registered Agent

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