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Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
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**LIMITED LIABILITY COMPANY**

**S.W. FLORIDA SPINE CENTER, LLC**

Certificate of Status	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
S.W. FLORIDA SPINE CENTER, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is:

**S.W. FLORIDA SPINE CENTER, LLC**

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 1988 Kings Highway, Port Charlotte, Florida 33980.

**ARTICLE III  
Registered Agent and Registered Address**

The name and the street address of the registered agent are:


Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 6th day of October, 2005.

  
Erin Smith Aebel, Esq.  
Authorized Representative of a Member

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

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is S.W. Florida Spine Center, LLC.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



Erin Smith Aebel, Esq.  
Registered Agent

SECTION 608.415 OF STATE  
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