# Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : THE FARR LAW FIRM

Account Number: 103654001666 Phone

: (941)639-1158 Fax Number : (941)639-0028

FLORIDA/FOREIGN LIMITED LIABILITY CO.

INCISE SURGICAL, LLC

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I -- Name:

The name of the Limited Liability Company is:

## INCISE SURGICAL, LLC

### ARTICLE II - Address:

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

INCISE SURGICAL, LLC

Mailing Address:

c/o David A. Holmes

Farr, Farr, Emerich, Hackett & Carr, P.A.

99 Nesbit Street

Punta Gorda, Florida 33950

Street Address:

4091 Lea Marie Island Drive

Port Charlotte, Florida 33952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David A. Holmes

Farr, Farr, Emerich, Hackett and Carr, P.A.

99 Nesbit Street

Punta Gorda, Florida 33950

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 examplete 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.

David A. Holmes, Registered Agent

## ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

David A. Holmes, Authorized Representative of a Member

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

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03/28/06