

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

L06000036785  
FILED 8:00 AM  
April 10, 2006  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
ORTHOPAEDIC INSTITUTE ANCILLARIES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
PO BOX 2377  
TAMPA, FL. US 33601

The mailing address of the Limited Liability Company is:  
PO BOX 2377  
TAMPA, FL. US 33601

**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:  
THOMAS T CHRISTENBERRY III  
710 WEST BAY STREET  
B  
TAMPA, FL. 33606

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: THOMAS CHRISTENBERRY, III

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CORE MEDICAL, LLC  
PO BOX 2377  
TAMPA, FL. 33601 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

04/03/2006

Signature of member or an authorized representative of a member

Signature: MELISSA TROXEL