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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moreno Spine and Scoliosis, PLLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony P. Moreno, MD
(Name of Person)

(Firm/Company)

4929 Lyford Cay Road
(Address)

Tampa, Florida 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine M. Norton Breman at (970) 242-4903
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
MORENO SPINE AND SCOLIOSIS, PLLC

ARTICLE I

The name of the Professional Limited Liability Company is:

Moreno Spine and Scoliosis, PLLC

ARTICLE II

The principal place of business of the Professional Limited Liability Company is:

4929 Lyford Cay Road
Tampa, Florida 33629

and

The mailing address of the Professional Limited Liability Company is:

4929 Lyford Cay Road
Tampa, Florida 33629

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ARTICLE III

The name and street address of the registered agent for the Professional Limited Liability Company are:

Anthony P. Moreno, MD
4929 Lyford Cay Road
Tampa, Florida 33629

Having been named as registered agent and to accept service of process for the Professional Limited Liability Company at the place designated herein, 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.

Anthony P. Moreno, MD, Registered Agent

ARTICLE IV

The Professional Limited Liability Company is being organized to engage in the business of rendering medical services, by and through physicians duly qualified and licensed to render such services in the State of Florida.

ARTICLE V

The Professional Limited Liability Company and its Members shall not issue any of its or their Membership Units in the Company to anyone other than a professional corporation, professional limited liability company, or an individual who is duly qualified and licensed to render medical services as a physician in the State of Florida.

ARTICLE VI

The name and address of the Manager and Member of this Professional Limited Liability Company are:

Anthony P. Moreno, MD
4929 Lyford Cay Road
Tampa, Florida 33629

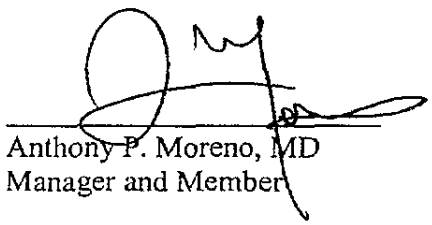
ARTICLE VII

These Articles are being filed in accordance with Florida Statutes Chapter §608 and Florida Statutes §621.01, *et seq.*, and in so doing, represent the intention of the Company to specifically elect to be brought under the provisions of Florida Statutes §621.01, *et seq.*, as well as Florida Statutes §608.401, *et seq.*

ARTICLE VIII

The effective date of these Articles of Organization shall be April 6, 2006.

SUBMITTED BY:



Anthony P. Moreno, MD
Manager and Member