Electronic Articles of Organization
For
Florida Limited Liability Company

L06000083918
FILED 8:00 AM
August 24, 2006
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

CENTER FOR RECONSTRUCTIVE SURGERY LLC

Article II

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

601 N. FLAMINGO ROAD
SUITE 408
PEMBROKE PINES, FL. US 33028

The mailing address of the Limited Liability Company is:

601 N. FLAMINGO ROAD
SUITE 408
PEMBROKE PINES, FL. US 33028

Article III

The purpose for which this Limited Liability Company is organized is:

PRACTICE OF MEDICINE AND ALL OTHER ACTIVITIES PERMITTED UNDER APPLICABLE LAW.

Article IV

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

DAVID GLOBERMAN MD
601 N. FLAMINGO ROAD
SUITE 408
PEMBROKE PINES, FL. 33028

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: DAVID GLOBERMAN

Article V

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The name and address of managing members/managers are:

Title: MGRM
DAVID GLOBERMAN MD
601 N. FLAMINGO ROAD SUITE 408
PEMBROKE PINES, FL. 33028 US

Signature of member or an authorized representative of a member

Signature: MITCHELL KATZ