

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

L08000024341  
FILED 8:00 AM  
March 07, 2008  
Sec. Of State  
mthomas

**Article I**

The name of the Limited Liability Company is:  
JOINT REPLACEMENT INSTITUTE, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
14405 REFLECTION LAKES DR.  
FORT MYERS, FL. US 33907

The mailing address of the Limited Liability Company is:  
14405 REFLECTION LAKES DR.  
FORT MYERS, FL. US 33907

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ORTHOPEDIC SURGICAL PRACTICE. □□□□□□□□

**Article IV**

The name and Florida street address of the registered agent is:  
HENRY BIGGS  
14405 REFLECTION LAKES DR.  
FORT MYERS, FL. 33907

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: HENRY BIGGS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
HENRY BIGGS  
14405 REFLECTION LAKES DR.  
FORT MYERS, FL. 33907 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/06/2008

Signature of member or an authorized representative of a member

Signature: H. KURTIS BIGGS