Division of Corporations Public Access System

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-S36B Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Laser Spine Institute of Colorado, LLC

Certificate of Status	0
Certified Copy	0
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J. BRYAN

SEP - 4 2009

Electronic Filing Menu

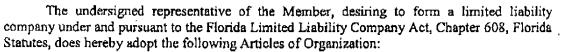
Corporate Filing Menu

ARTICLES OF ORGANIZATION

FOR

LASER SPINE INSTITUTE OF COLORADO, LLC

(a Florida limited liability company)



ARTICLE I. NAME

The name of the limited liability company is: LASER SPINE INSTITUTE OF COLORADO, LLC.

ARTICLE II. ADDRESS

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

3031 N. Rocky Point Drive E. Suite 300 Tampa, Florida 33607

ARTICLE III. DURATION

The period of duration for the Company shall be perpetual, unless terminated in accordance with the Company's Operating Agreement or by the unanimous written consent of the Member(s).

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

CT Corporation System 1200 South Pine Island Road Plantation, FL 33324

ARTICLE V. MANAGEMENT

The business of the Company shall be conducted, carried on, and managed by no fewer than one Manager, who shall be elected by the Member(s) of the Company in the manner prescribed by and provided in the Operating Agreement of the Company. Therefore, the



Company is a manager-managed company. Such Manager(s) shall also have the rights and responsibilities described in the Operating Agreement of the Company.

ARTICLE VI. OPERATING AGREEMENT

The Company shall have an Operating Agreement. The power to adopt, alter, amend, or repeal the Operating Agreement of the Company shall be vested in the Member(s) of the Company.

Louis T. M. Conti

Authorized Representative of the Member

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SECRETARY OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE OF LASER SPINE INSTITUTE OF COLORADO, LLC

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, Laser Spine Institute of Colorado, LLC, a Florida limited liability company (the "Company"), hereby submits the following statement designating the registered office and registered agent in the State of Florida.

- 1. The name of the Company is: LASER SPINE INSTITUTE OF COLORADO, LLC.
- 2. The name of the registered agent and the address of the registered office are:

NAME:

CT CORPORATION SYSTEM

Date: September

ADDRESS:

1200 South Pine Island Road

Plantation, FL 33324

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 as provided for in Chapter 608., F.S.

CT CORPORATION SYSTEM

Name: Madonna Cuddihv

Special Assistant Secretary

8797320...v2

Title:

O9 SEP -3 AN 8:21
SECRETARY OF STATE
FALLAHASSEE, FLORIDA