

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

L10000033083
FILED 8:00 AM
March 25, 2010
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

NORTH FLORIDA AMPUTATION PREVENTION CENTER, PL

Article II

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

1409 KINGSLEY AVE.
ORANGE PARK, FL. US 32073

The mailing address of the Limited Liability Company is:

1409 KINGSLEY AVE.
ORANGE PARK, FL. US 32073

Article III

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

LICENSED PODIATRIST

Article IV

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

SETH SCHWARTZ
10365 HOOD RD. SOUTH, SUITE 105
JACKSONVILLE, FL. 32257

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: SETH SCHWARTZ

Article V

The name and address of managing members/managers are:

Title: MGRM
JORG A BOBER
1409 KINGSLEY AVE.
ORANGE PARK, FL. 32073 US

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Signature of member or an authorized representative of a member

Signature: JORG A. BOBER, DPM