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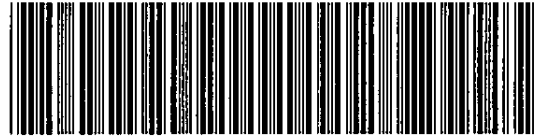
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2010 SEP 29 PM 4:02

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C. LEWIS

SEP 30, 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2010

HATEM M. MOUSSA, M.D.
WOUND CARE INSTITUTE, LLC
1702 OHIO AVE.
LYNN HAVEN, FL 32444

SUBJECT: WOUND CARE INSTITUTE, L.L.C.
Ref. Number: W10000044213

We have received your document for WOUND CARE INSTITUTE, L.L.C. and your check(s) totaling \$775.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00022424

September --, 2010

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2551 Executive Center Circle
Tallahassee, Florida 32301

Re: Wound Care Institute, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of the fully executed Articles of Organization for Wound Care Institute, L.L.C. (the "Company") and of the fully executed Registered Agent Designation. I am requesting that the Florida Division of Corporations file the enclosed Articles of Organization upon receipt.

Also enclosed is our check in the amount of \$155.00 for the filing fee, Registered Agent Designation fee and the fee for a certified copy of the Articles of Organization. Please send a certified copy of the Articles of Organization to the Company's principle place of business address.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Hatem M. Moussa, M.D.

Enclosures

**ARTICLES OF ORGANIZATION
OF
COASTAL WOUND CARE, LLC**

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The undersigned being above the age of eighteen (18) years of age and competent to contract, for the purposes of organizing a limited liability company pursuant to Chapter 621, Florida Statutes, and the laws of the State of Florida, does hereby adopt the following Articles of Organization for Coastal Wound Care, LLC (the "Company"), and does hereby agree and certify as follows:

**ARTICLE I
NAME & PRINCIPAL OFFICE**

The name of this Company shall be Coastal Wound Care, LLC, and its principal place of business shall be located at 1702 Ohio Avenue, Lynn Haven, Florida 32444.

**ARTICLE II
DURATION**

The duration of the Company shall be perpetual unless sooner dissolved according to law.

**ARTICLE III
GENERAL PURPOSE: GENERAL POWERS**

The Company is authorized to conduct all lawful business activities permitted under Florida law and shall have and be allowed to exercise all powers necessary or convenient to affect its general purpose. Also, it is hereby expressly provided that the foregoing general purposes shall not be held to limit or restrict in any manner the purposes of the Company otherwise permitted by law. The Company is authorized to provide medical and chiropractic services through its employed medical doctors, osteopathic physicians, and chiropractic physicians.

**ARTICLE IV
REGISTERED OFFICE AND REGISTERED AGENT**

The initial registered office of this Company shall be located at 1702 Ohio Avenue, Lynn Haven, Florida 32444, and the initial registered agent of the Company at that address shall be Hatem M. Moussa, M.D. The Company may change its registered agent or the location of its registered office, or both, from time to time without amendment of these Articles of Organization.

**ARTICLE V
MANAGEMENT**

The Company is to be manager managed with the initial manager being Hatem M. Moussa, M.D.

**ARTICLE VI
INDEMNIFICATION OF OFFICERS, DIRECTORS AND MANAGERS**

The Company shall be authorized to indemnify and hold harmless its officers, directors and managers in accordance with the provisions of Section 608.4229, Florida Statutes.

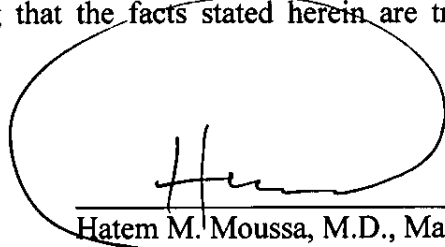
**ARTICLE VII
AMENDMENT**

The Company reserves the right to amend or repeal any provisions contained in these Articles of Organization, and any right conferred upon the members is subject to this reservation.

**ARTICLE VIII
HEADINGS AND CAPTIONS**

The headings or captions of the various Articles in these Articles of Organization are inserted for convenience and none of them shall have any force or effect, and the interpretation of the various Articles shall not be influenced by any of said headings or captions.

IN WITNESS WHEREOF, the undersigned does hereby make and file these Articles of Organization declaring and certifying that the facts stated herein are true this 27th day of September, 2010.



Hatem M. Moussa, M.D., Manager
Coastal Wound Care, LLC

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TALLAHASSEE FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE
SERVICE OF PROCESS WITHIN FLORIDA AND REGISTERED AGENT
UPON WHOM PROCESS MAY BE SERVED**

In compliance with Sections 48.091 and 608.407, Florida Statutes, the following is submitted:

Coastal Wound Care, LLC (the "Company") desiring to organize as a professional limited liability company under the laws of the State of Florida with its principal place of business at 1702 Ohio Avenue, Lynn Haven, Florida 32444, has named and designated: Hatem M. Moussa, M.D., with the registered office located at 1702 Ohio Avenue, Lynn Haven, Florida 32444, as its Registered Agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named as Registered Agent for the Company at the place designated in this Certificate, Hatem M. Moussa, M.D., hereby agrees to act in this capacity, and represents that he and his employees and agents are familiar with and accept the obligations of Section 608.407, Florida Statutes, as the same may apply to the Company. Hatem M. Moussa, M.D. further agrees to comply with the provisions of Florida Statutes, Section 48.091 and all other statutes, all as the same may apply to the Company relating to the proper and complete performance of its duties as Registered Agent.

Dated this 27th day of September, 2010.

By: _____

Hatem M. Moussa, Registered Agent
Coastal Wound Care, LLC

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TALLAHASSEE FLORIDA