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**FLORIDA LIMITED LIABILITY CO.
VOHRA WOUND PHYSICIANS OF OH, LLC**

Certificate of Status	0
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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
VOHRA WOUND PHYSICIANS OF OH, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **VOHRA WOUND PHYSICIANS OF OH, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

VOHRA WOUND PHYSICIANS OF OH, LLC

ARTICLE II — Address:

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

3601 S. W. 160th Avenue
Suite 250
Miramar, Florida 33027

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Lori C. Desnick, Esq.
3601 S. W. 160th Avenue, Suite 250
Miramar, Florida 33027

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

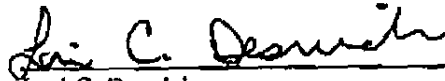
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ARTICLE VI - Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.



Lori C. Desnick
Authorized Signatory

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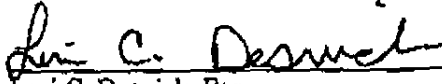
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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

VOHRA WOUND PHYSICIANS OF OH, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.


Lori C. Desnick, Esq.

Dated: October 18, 2010