

**L10000110375**

## Florida Department of State

Division of Corporations  
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**L. SELLERS**

OCT 22 2010

**EXAMINER**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
10 OCT 21 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 OCT 21 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**VOHRA WOUND PHYSICIANS OF VA, 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

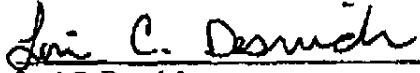
**ARTICLE V — Management:**

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

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**VOHRA WOUND PHYSICIANS OF VA, 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