## OMMent of 195 Page 1 of 2 n of Corpora

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Division of Corporations

Fax Number : (850)617-6383

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### FLORIDA LIMITED LIABILITY CO. VOHRA WOUND PHYSICIANS OF FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	947
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OCT 2 6 2010



October 22, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: VOHRA WOUND PHYSICIANS OF FL, LLC

REF: W10000049722

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from on existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

The document number of the name conflict is P10000051191 (VOHRA WOUND PHYSICIANS, P.A.).

If you have any questions concerning the filing of your document, please P.O BOX 6327-Tallahassec, Florida 32314

00U-61/-6381

call (850) 245-6855. FLORIDA DEPARTM

Tammy Hampton Regulatory Specialist II

#### VOHRA WOUND PHYSICIANS, P.A. 3601 S. W. 160th Avenue, Suite 250 Miramar, Florida 33027 954-213-6221

October 25, 2010

Florida Department of State Division of Corporations Tallahassee, Florida 32301

Re: Vohra Wound Physicians of FL, LLC

Dear Ladies and Gentlemen:

Please be advised that the principals of Vohra Wound Physicians, P.A. (the "PA") and Vohra Wound Physicians of FL, LLC (the "LLC") are one and the same, and that the PA hereby authorizes the filing of the articles of organization of the LLC attached hereto.

Very truly yours,

Lori C. Desnick, Esq. Authorized Signatory

SECRETARY OF STATE OIVISION OF CORPORATION

# ARTICLES OF ORGANIZATION OF VOHRA WOUND PHYSICIANS OF FL, LLC

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

VOHRA WOUND PHYSICIANS OF FL, 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.

JIVISION OF CORPORATION

#### 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 FL, 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

DIVISION OF GORPORATIONS