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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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11/18/10--01007--025 **125.00

IO NOV 30 PH 2: 24 ALLAHASSEE. FLORIDA

WI-54427 J. BRYAN

DEC -1 2010

9300 \$W 87 Avenue, #6 Miami, Fl 33176 Office: 305-405-8789 Fax: 786-363-4169

November 10, 2010

COVER LETTER

TO: Registration Section, Division of Corporations PO BOX 6327 Tallahassee, Fl 32314

SUBJECT: Neurosurgery Care Center, LLC

The enclosed Articles of Organization and fee is submitted for filing.

Please return all correspondence concerning this matter to: Jorge Doimeadios, 9300 SW 87th Avenue, #6, Miami, Fl 33176, <u>jdoimeadios@thecnsgroup.net</u> For further information concerning this matter, please call: Jorge Doimeadios at 305-405-8789.

Enclosed is a cheek for the \$125.00 filing fee.

Thank you,

Jorge Doimeadios

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2010

JORGE DOIMEADIOS 9300 SW 87 AVENUE, #6 MIAMI, FL_33176

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SUBJECT: NEUROSURGERY CARE CENTER, LLC Ref. Number: W10000054427

We have received your document for NEUROSURGERY CARE CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 18, 2010. Please amend your document accordingly.

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II	Letter Number: 110A00027230
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	www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I (Name)

The name of the Limited Liability Company is: Neurosurgery Care Center, LLC.

ARTICLE II (Addresses)

Principal Office Address 1711 E. Hallandale Beach Blvd Hallandale Beach, Fl 33009 <u>Mailing Address</u> 9300 SW 87th Avenue, #6 Miami, Fl 33176

ARTICLE III (Registered Agent, Registered Office and Registered Agent's Signature)

The name of the Florida street address of the registered agent is: George C. Ibars, 9300 SW 87th Avenue, #6, Miami, Fl 33176.

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 as provided for in Chapter 608, F.S..

× gauge offer	
Registered Agend's Signature	
(
ARTICLE IV	
Registered Agend's Signature ARTICLE IV	

(Managers or Managing Members)

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>

Name and Address:

"MGR" = Manager "MGRM" = Managing Member



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MGRM	George C. Ibars 6200 SW 72 nd Street, #403 Miami, Fl 33143	
MGR	Joseph A. Traina 6200 SW 72 nd Street, #403 Miami, Fl 33143	
MGR	Antonio R. Prats 3661 S. Miami Avenue, #401 Miami, Fl 33133	2
MGR	Pablo J. Acebal 11760 SW 40 th Street, #511 Miami, Fl 33175	NO NON 31
MGR	Allan M. Jorge 6705 Red Road, #522 Coral Gables, Fl 33143	NON 30 PH 2: 24 SECRETARY OF STATE
MGR	Julian F. Naranjo 7000 SW 62 nd Avenue, #535 Miami, Fl 33143	jen •
MGR	Maximilano Velasco 7000 SW 62 nd Avenue, #535 Miami, Fl 33143	
	ARTICLE V (Effective Date)	

AUTHORIZED SIGNATURE George C. Illars

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(In accordance With section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)