

L10000123450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

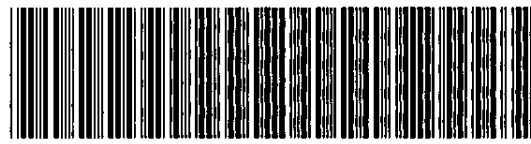
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

WI-54427

J. BRYAN

DEC -1 2010

EXAMINER

9300 SW 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, jdoimeadios@thecnsgroup.net For further information concerning this matter, please call: Jorge Doimeadios at 305-405-8789.

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

Thank you,


Jorge Doimeadios

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2010

JORGE DOIMEADIOS
9300 SW 87 AVENUE, #6
MIAMI, FL 33176

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

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TALLAHASSEE, FLORIDA

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

This is being returned with the recommended amendment. Thank you.

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

Mailing Address

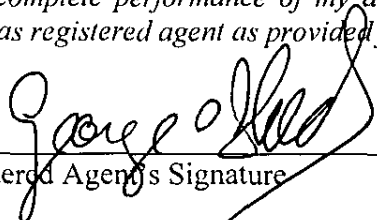
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Miami, Fl 33176

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TALLAHASSEE, FLORIDA

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..

x. 

Registered Agent's Signature

ARTICLE IV
(Managers or Managing Members)

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

George C. Ibars
6200 SW 72nd Street, #403
Miami, Fl 33143

MGR

Joseph A. Traina
6200 SW 72nd Street, #403
Miami, Fl 33143

MGR

Antonio R. Prats
3661 S. Miami Avenue, #401
Miami, Fl 33133

MGR

Pablo J. Acebal
11760 SW 40th Street, #511
Miami, Fl 33175

MGR

Allan M. Jorge
6705 Red Road, #522
Coral Gables, Fl 33143

MGR

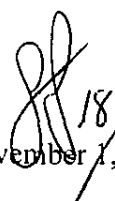
Julian F. Naranjo
7000 SW 62nd Avenue, #535
Miami, Fl 33143

MGR

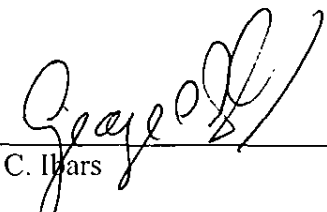
Maximilano Velasco
7000 SW 62nd Avenue, #535
Miami, Fl 33143

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TALLAHASSEE, FLORIDA

**ARTICLE V
(Effective Date)**

The effective date is November 1, 2010 

AUTHORIZED SIGNATURE


George C. Ibars

(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.)