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To:

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Fax Number : (850) 617-6383

From:

Account Name : STEPHEN S. MATHISON, P.A.
Account Number : 120040000071
Phone : (561) 624-2001
Fax Number : (561) 624-0036

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Email Address: Steve.C.Mathison@law.org

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FLORIDA LIMITED LIABILITY CO.
Palm Beach Orthopaedic & Spine Institute, LLC

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ARTICLES OF ORGANIZATION

OF

PALM BEACH ORTHOPAEDIC & SPINE INSTITUTE, LLC

The undersigned, for the purposes of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I

Name

The name of this limited liability company shall be PALM BEACH ORTHOPAEDIC & SPINE INSTITUTE, LLC (the "Company").

ARTICLE II

Address

The mailing address and street address of the principal office of the Company shall be 600 Heritage Drive, Suite 110, Jupiter, Florida 33458.

ARTICLE III

Duration

The Company shall commence its existence on the date these Articles of Organization were filed with the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization, the Operating Agreement, if any, or by law.

ARTICLE IV

Registered Office and Agent

The name and street address of the Registered Agent of the Company in the State of Florida is Stephen S. Mathison, P.A., 5606 PGA Boulevard, Suite 211, Palm Beach Gardens, Florida 33418.

ARTICLE V

Management by Manager

The Company shall be managed by its Manager in accordance with the Operating Agreement adopted by the Member(s) for the management of the business and affairs of the

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PALM BEACH ORTHOPAEDIC & SPINE INSTITUTE, LLC
ARTICLES OF ORGANIZATION
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Company, if any. An Operating Agreement, if adopted, may contain any provisions for the regulation of the affairs of the Company not inconsistent with law or these Articles.

ARTICLE VI
Managers

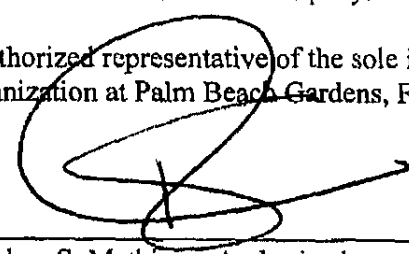
The name and address of the initial Manager of the Company is:

Michael Reed
600 Heritage Drive
Suite 110
Jupiter, Florida 33458

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He shall serve until his replacement is duly appointed by the Members of the Company.

IN WITNESS WHEREOF, the undersigned authorized representative of the sole initial Member has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida on the 4th day of January, 2011.



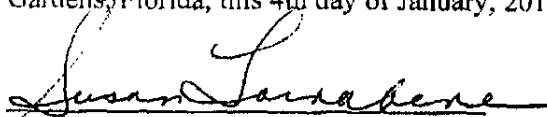
Stephen S. Mathison, Authorized
Representative

STATE OF FLORIDA

COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Stephen S. Mathison, as the duly authorized representative of the sole initial Member, ☒ to me well known, or ☐ identified to me by _____, to be the individual described in and who has executed the foregoing Articles of Organization, and he acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal at Palm Beach Gardens, Florida, this 4th day of January, 2011.



Notary Public, State of Florida

Notary's Printed Name:

My commission expires: 11/9/2012

My commission number: DD 835724



(NOTARY SEAL)

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PALM BEACH ORTHOPAEDIC & SPINE INSTITUTE, LLC
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ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company, at the place designated in these Articles, I hereby accept being named to act in this capacity, state that I am familiar with the provisions of Chapter 608, Fla. Stat. relative to service as a Registered Agent, accept the obligations thereof and agree to comply therewith.

Stephen S. Mathison, P.A., Registered Agent

By: 

Stephen S. Mathison, President

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