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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
SAN JOSE INJURY CENTER L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

A. LUNT

JUN -3 2010

EXAMINER

H11000144861

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

San Jose Intury Center L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:11798 San Jose Blvd
SUITE 2
JACKSONVILLE FL 32223

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ONEY TOMAS
Name11798 San Jose Blvd Suite 2
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE FL 32223
City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRMMGR**Name and Address:**DR. FOSTER Cullum
11798 San Jose BLVD Suite 2
JACKSONVILLE FL 32223Oney Tomas
11798 San Jose Blvd. Suite 2
JACKSONVILLE FL 32223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)****REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Oney Tomas

Typed or printed name of signee

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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