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(Document Number)

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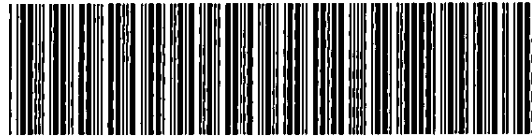
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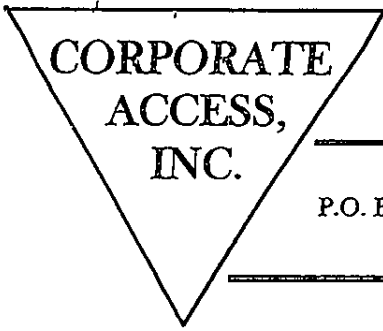


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LLC

1. ORLANDO INJURY, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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**ARTICLES OF ORGANIZATION  
OF  
ORLANDO INJURY, LLC**

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The undersigned, who are the duly licensed doctors of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is ORLANDO INJURY, LLC

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 6735 Conroy Road, Ste 223, Orlando, FL 32835.

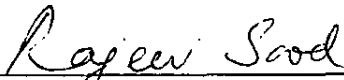
FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 6735 Conroy Road, Ste 223, Orlando, FL 32835 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Rajeev Sood.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Rajeev Sood  
6735 Conroy Road  
Ste 223  
Orlando, FL 32835

FIFTH: The Limited Liability Company is to be managed by the Members.

**IN WITNESS WHEREOF**, the Members have executed and acknowledged these Articles of Organization on September 22, 2011.

  
\_\_\_\_\_  
Rajeev Sood

**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for ORLANDO INJURY, LLC  
hereby voluntarily consent to serve as Registered Agent for ORLANDO INJURY, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in  
the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those  
duties and responsibilities.

Dated: September 22, 2011

  
\_\_\_\_\_  
Rajeev Sood