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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PANAGOS & ASSOCIATES CPAS LLC
Account Number : I20120000043
Phone : (954) 389-1179
Fax Number : (954) 389-2841

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: roxanna@pcphollywood.com

FLORIDA LIMITED LIABILITY CO.
Wound Care Management Specialists, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

D. BRUCE
DEC 04 2012
EXAMINER

H12000282725

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wound Care Management Specialists, LLC

(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:

6517 Taft Street

Suite 101

Hollywood, FL 33024

6517 Taft Street

Suite 101

Hollywood, FL 33024

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:

Panagos & Associates CPAs LLC

Name

2893 Executive Park Drive, Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

| <u>Title:</u> | <u>Name and Address:</u> |
|---|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| <u>MGRM</u> | <u>Moises Issa, M.D.</u> <u>6517 Taft Street, Suite 101</u> <u>Hollywood, FL 33024</u> |
| <u>MGRM</u> | <u>Roberto Fernandez-Blay, M.D.</u> <u>6517 Taft Street, Suite 101</u> <u>Hollywood, FL 33024</u> |
| <u>MGRM</u> | <u>Chris Martinez</u> <u>6517 Taft Street, Suite 101</u> <u>Hollywood, FL 33024</u> |
| <u>MGRM</u> | <u>Frank Dovala</u> <u>6517 Taft Street, Suite 101</u> <u>Hollywood, FL 33024</u> |

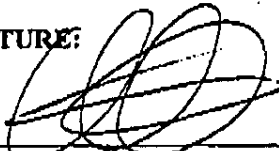
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(Use attachment if necessary)

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.)

Moises Issa, M.D.

Typed or printed name of signer

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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