

04/03/2032 06:02
5/22/2014

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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
NEUROSURGICAL GROUP OF SOUTH FLORIDA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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May 23, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: NEUROSURGICAL GROUP OF SOUTH FLORIDA LLC
REF: W14000032561

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000121802
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Neurosurgical Group of South
Florida LLC

ARTICLE II - Address:

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

150 SW 12 Ave Suite 101
Pompano Beach FL 33069

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

DR. JOSE E. VALERIO MD
150 SW 12 Ave Suite 101
Pompano Beach FL 33069

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

DR. JOSE E. VALERIO-PASCHA
MGRM

H140001218 02

Required Signatures:

X

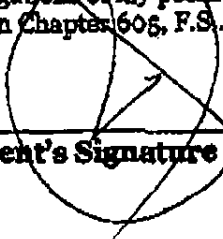

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.

Jose Edgardo Valerio Pasca
Typed or printed name of signee

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 605, F.S.

X


Registered Agent's Signature (REQUIRED)

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