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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 WALK IN				
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ECIAI	L INSTRUCTIONS:			

ARTICLES OF ORGANIZATION FOR SPINAL IMPACT, LLC

ARTICLE I:

The name of the Limited Liability Company is SPINAL IMPACT, LLC.

ARTICLE II:

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

2722 W. Terrace Dr. Tampa, FL 33609

ARTICLE III:

The name and street address of the registered agent are:

Patrice Tresser 2722 W. Terrace Dr. Tampa, FL 33609

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, Florida Statutes.

Signature of Registered Agent

Date: /0/13/2015

ARTICLE IV:

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

Steven J. Tresser, M.D., Manager 2722 W. Terrace Dr. Tampa, FL 33609

ARTICLE V:

The effective date is the date of filing.

ARTICLE VI:

SPINAL IMPACT, LLC is a manager managed entity.

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 section 817.155. Florida Statutes.

Steven J. Tresser, M.D., Manager

Date: 10/13/2015