

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L16000128155  
FILED 8:00 AM  
July 06, 2016  
Sec. Of State  
tchang

**Article I**

The name of the Limited Liability Company is:

PERSONAL INJURY PHYSICIANS OF FLORIDA, LLC

**Article II**

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

3908 S. TAMiami TRAIL  
B  
SARASOTA, . 34231

The mailing address of the Limited Liability Company is:

1144 TALLEVAST RD.  
101  
SARASOTA, FL. 34243

**Article III**

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

OSCAR ESPINOZA M.D.  
1144 TALLEVAST RD.  
101  
SARASOTA, FL. 34243

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.

Registered Agent Signature: OSCAR ESPINOSA, M.D.

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: PRES  
OSCAR ESPINOSA M.D.  
3720 72ND AVE. E.  
SARASOTA, FL. 34243 US

Title: MGR  
JOHN H GELETKA  
4315 WECOMA AVE.  
NORTH PORT, FL. 34287

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Signature of member or an authorized representative

Electronic Signature: OSCAR ESPINOSA, M.D.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.