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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : NORTH FLORIDA SURGEONS  
Account Number : 120230000028  
Phone : (904)396-1725  
Fax Number : (904)396-5645

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

Email Address: legal@nflsurgeons.com

**FLORIDA LIMITED LIABILITY CO.**

**North Florida Surgeons Orlando MIS, LLC**

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

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**ARTICLES OF ORGANIZATION  
OF  
NORTH FLORIDA SURGEONS ORLANDO MIS, LLC**

Pursuant to § 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of the limited liability company is North Florida Surgeons Orlando MIS, LLC (the "Company").

**ARTICLE II  
EFFECTIVE DATE AND DURATION**

The effective date upon which the Company shall come into existence shall be the date these Articles of Organization are filed with the Secretary of State. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III  
ADDRESS**

The mailing and street address of the principal office of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

**ARTICLE IV  
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223 and its initial registered agent at such office shall be John P. Berlin.

**ARTICLE V  
MANAGEMENT OF THE COMPANY**

The Company will be managed by its sole member in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole member of the Company is:

Name

North Florida Surgeons, P.A.

Address

11945 San Jose Boulevard, Building 300  
Jacksonville, Florida 32223

FILED  
2023 AUG 21 AM 3:54  
CLERK OF THE COURT  
JACKSONVILLE, FLORIDA

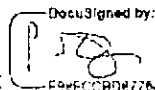
DocuSign Envelope ID: CBCFCE80-6BA4-4BFA-8279-623A8527C94D

IN WITNESS WHEREOF, the undersigned Authorized Representative of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated 8/18/2023.

**North Florida Surgeons, PA.**

Its: Sole Member

DocuSigned by:  
By: 

Paul J. Chappano, M.D., President

2023 AUG 21 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

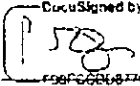
DocuSign Envelope ID: CBCFCE90-6BA4-4BFA-8279-623A8527C94D

**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA**

In compliance with Chapter 605 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

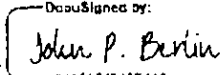
North Florida Surgeons Orlando MIS, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates John Berlin as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

Dated 8/18/2023.

DocuSigned by:  
By:   
\_\_\_\_\_  
Paul J. Chappano, M.D., President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in the certificate, I hereby agree to 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.

Dated 8/17/2023.

DocuSigned by:  
By:   
\_\_\_\_\_  
John Berlin, Registered Agent

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TALLAHASSEE, FL  
FILED