

North Shore Medical Center Inc.

1100 Northwest 95th Street • Miami, Florida 33150-2098 • (305) 835-6000

A Non-Profit Corporation

L96000000565

May 7, 1996

60000181446
-05/09/96--01029--004
****293.75 ****293.75

Florida Secretary of State
Division of Corporation
New Filing Section
409 E. Gaines Street
Tallahassee, FL 32301

Re New filing

Dear Sir:

Enclosed is the articles of organization for MIAMI ORTHONEUROSURGICAL ASSOCIATES, LC, along with a check in the amount of \$293.75 for filing fees, certificate of registered agent, and a certified copy of articles of organization. Please return the certificate of organization and certified copy of articles of organization to me at the above address.

Very truly,

Peter Loblack

Peter Loblack
Attorney at Law

MAY 14 1996

BSB
W96-10283



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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 14, 1996

NORTH SHORE MEDICAL CENTER INC.
1100 NORTHWEST 95TH STREET
MIAMI, FL 33150-2098

SUBJECT: MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C.
Ref. Number: W96000010283

We have received your document for MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C. and check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Which affidavit do you want filed.

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 (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 896A00023938

North Shore Medical Center Inc.

1100 Northwest 95th Street • Miami, Florida 33150-2098 • (305) 835-6000

A Non-Profit Corporation

Steven M. Klein, FACHE
President and Chief Executive Officer

May 17, 1996

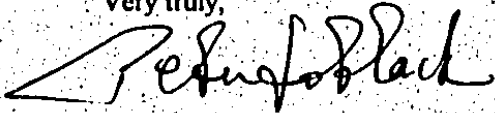
Florida Secretary of State
Division of Corporation
New Filing Section
P.O. Box 6327
Tallahassee, Florida 32314

W96000010283

Dear Sir:

Enclosed is the articles of organization for MIAMI ORTHONEUROSURGICAL ASSOCIATES, LC, which was returned for submittal with one affidavit. The filing fee in the amount of \$293.75 has already been paid. Please return the certificate of organization and certified copy of articles of organization to me at the above address.

Very truly,



Peter Loblack
Attorney at Law

ARTICLES OF ORGANIZATION
OF
MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C.

The undersigned, acting as a member of a limited liability company under the Florida Limited Liability Company Act (the "Act"), does hereby adopt the following Articles of Organization for MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C.

ARTICLE ONE

NAME

The name of the Company is MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C.

ARTICLE TWO

DURATION

The period of duration of the Company is until the dissolution of the Company in accordance with the provisions of its regulations.

ARTICLE THREE

ADDRESS

The mailing address and street address of the principal office of the Company is 16800 N.W. 2nd Avenue, Suite 510, North Miami Beach, Florida 33169.

ARTICLE FOUR

INITIAL REGISTERED OFFICE AND AGENT

The name and street of the initial registered agent of the Company is Peter Loblack, Esq., 740 N.W. 203rd Street, Miami, Florida 33169

ARTICLE FIVE

MANAGEMENT

The management of the Company is reserved to its members, and the names and addresses of the initial managing members are:

FILED
MAY 1 AM 10:41
STATE
SECRETARY
TALLAHASSEE, FLORIDA

Anthony J. Hall, M.D.

16800 N.W. 2nd Avenue, Suite 510
North Miami Beach, FL 33169

Paul Henrys, M.D.

16800 N.W. 2nd Avenue, Suite 510
North Miami Beach, FL 33169

ARTICLE SIX

MEMBERS RIGHTS TO CONTINUE BUSINESS

The remaining members of the Company shall upon their unanimous agreement have the right to continue the business of the Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member of the Company.

ARTICLE SEVEN

INDEMNIFICATION

To the fullest extent permitted by law, the Company shall indemnify any person who was or is a party to any proceeding, by reason of the fact that he/she is or was a manager or a managing member of the Company or is or was serving at the request of the Company as a manager, managing member, officer, employee or agent of another limited liability company, corporation, partnership, joint venture, trust or other enterprise against liability incurred in connection with such proceeding, including the appeal thereof, if he/she acted in good faith and in a manner he/she reasonably believed to be in, or not opposed to, the best interests of the Company and, with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. The Company shall reimburse each person for all costs and expenses, including attorneys' fees, reasonably incurred by him/her in connection with any such liability in the manner provided for by law or in accordance with the regulations of the Company.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he/she may be lawfully entitled, nor shall anything therein contain or restrict the right of the Company to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned, being a member of MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C., a Florida limited liability company (the "Company"), hereby deposes and says:

1. The Company has at least two (2) members.
2. The total amount of cash contributed to the Company by the members of the Company is \$ 1,000.00.
3. The agreed value of property other than cash contributed to the Company by the members of the Company, if any, is \$ 2,695.00. The description of such property is attached hereto and incorporated herein.
4. The total amount of cash and property anticipated to be contributed to the Company by the members of the Company, inclusive of the amounts set forth in 2 and 3 above, is \$ 3,695.00.

Signature: _____

Print Name: _____

[Handwritten Signature]
Anthony J. Hall

The foregoing instrument was acknowledged before me this 17 day of May, 1996, by ANTHONY J. HALL as a member of liability company, who is personally known to me or who has produced personally known as identification.

NOTARY PUBLIC:

Sign: _____

Print: _____

State of Florida

My Commission Expires: 7/30/98



OFFICIAL NOTARY SEAL
SILVIA B. TRUJILLO
COMMISSION NO. CC382008
MY COMMISSION EXP. JULY 30, 1998

IN WITNESS WHEREOF, these Articles of Organization have been executed by
the undersigned as of May 17th, 1996.

MEMBER:

Signature: 

Print Name: Anthony J. Hall

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been designated as registered agent for MIAMI ORTHONEUROSURGICAL ASSOCIATES, L.C. in the foregoing Articles of Organization, I, Peter Loblack, hereby agree to accept service of process for said limited liability company and to comply with all statutes relative to the complete and proper performance of the duties of a registered agent. I am familiar with and accept the obligations of that position.

Peter Loblack
Attorney at Law

By: Peter Loblack

Title: Attorney at Law

FILED
96 MAY 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA