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Law Offices

MICHAEL S. SPEROUNES, P.A.

7819 North Dale Mabry Highway, Suite 102
Tampa, Florida 33614
Telephone (813) 915-8134
Facsimile (813) 915-3280

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 15, 1996

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-08/21/96--01053--003
*****337.50 *****337.50

Re: NATIONAL MEDICAL INJURY CENTER OF SPRINGHILL, L.C.

Dear Sir or Madam:

Enclosed for filing is an original and two (2) copies of the articles of organization for a Florida Limited Liability Company and a check for \$337.50 (Filing Fee, Designation of Registered Agent, and Certified Copy). Please return the certified copy to the above address.

Sincerely,

Law Offices
of Michael S. Sperounes, P.A.

By:

MICHAEL SPEROUNES

MSS/pac
Enclosures as stated

P/H
8/23/96

ARTICLES OF ORGANIZATION
FOR
NATIONAL MEDICAL INJURY CENTER OF SPRING HILL, L.C.
(A Florida Limited Liability Company)

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ARTICLE I - NAME

The name of the Limited Liability Company is:

NATIONAL MEDICAL INJURY CENTER OF SPRING HILL, L.C.

ARTICLE II - ADDRESS

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

1236 Mariner Blvd.
Spring Hill, Florida 34609

ARTICLE III - DURATION

The period of duration for the Limited Liability Company is:

Thirty (30) years

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and addresses of the managing members are:

National Medical Injury Centers, L.C.
2329 Sunset Point Rd. #203
Clearwater, FL 34625

David K. Dahmer
1236 Mariner Blvd.
Spring Hill, FL 34609

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of remaining members to admit additional members and the terms and conditions of the admissions shall be:

The addition of any member in the Limited Liability Company must be with the written consent of all members.

ARTICLE VI - MEMBER RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on 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 in the limited liability company shall be:

such remaining members shall continue the Limited Liability Company, if, by majority vote, they elect to do so.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of National Medical Injury Center of Spring Hill, L.C. deposes and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is \$200.00;
- 3) if any, the agreed value of property other than cash contributed by members is ZERO.
- 4) the total amount of cash or property anticipated to be contributed by members is \$200.00. This includes amounts from 2 and 3 above.


MICHAEL MUZIO, Member

In accordance with section 608.408(3) Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, ~~THE~~ ^{THE} ~~STATE~~ ^{STATE} ~~OF~~ ^{OF} ~~FLORIDA~~ ^{FLORIDA} STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ~~OF~~ ^{OF} ~~THE~~ ^{THE} ~~STATE~~ ^{STATE} ~~OF~~ ^{OF} ~~FLORIDA~~ ^{FLORIDA} SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is NATIONAL MEDICAL INJURY CENTER OF SPRING HILL, L.C.
2. The name and address of the registered agent and office is:

Lisa Rivera
7819 North Dale Mabry Highway, Suite 102
Tampa, FL 33614

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 a registered agent.


Lisa Rivera


Date