



L97000000263

ACCOUNT NO. : 072100000032

REFERENCE : 280271 81464A

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 337.50

ORDER DATE : March 4, 1997

ORDER TIME : 9:42 AM

ORDER NO. : 280271-005

CUSTOMER NO: 81464A

600002103616--9

CUSTOMER: Mitchell F. Green, Esq  
KRAMER GREEN ZUCKERMAN & KAHN  
P.A.  
Suite 485-s  
4000 Hollywood Boulevard  
Hollywood, FL 33021

FILED  
97 MAR 4 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: PHANTOM MEDICAL LEASING, L.C.

EFFECTIVE DATE: .

XX ARTICLES OF ORGANIZATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS: \_\_\_\_\_

K.R. MAR - 4 1997

**ARTICLES OF ORGANIZATION FOR  
PHANTOM MEDICAL LEASING, L.C.  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
97 MAR -4 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Company is PHANTOM MEDICAL LEASING, L.C.

**ARTICLE II  
DURATION**

The Company shall commence its existence upon the date that these Articles of Organization are accepted for filing with the Florida Department of State and shall continue until December 31, 2025, unless sooner dissolved as provided by law or by contract.

**ARTICLE III  
ADDRESS**

The mailing address and the street address of the principal office of the Company is 7061 Cypress Road, Suite 104, Plantation, FL 33317.

**ARTICLE IV  
ADMISSION OF ADDITIONAL MEMBERS**

The remaining members have the right to admit additional members only if unanimously agreed in writing by the remaining members. The terms and conditions for the admission shall be as stated in the applicable written agreements. The written agreements contemplated in this article include without limitation the initial Operating Agreement (Regulations) and any duly adopted amendments.

**ARTICLE V  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

If unanimously agreed in writing, which writings may include without limitation the original Operating Agreement (Regulations) and any duly adopted amendments, remaining members of the Company will have the right 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 Company.

ARTICLE VI  
MANAGEMENT

The management of the Company is reserved to its member, Lawrence R. Spira, M.D. Management by the member, Lawrence R. Spira, M.D., may be made subject to additional terms and conditions in the initial Operating Agreement (Regulations) and any duly adopted amendments. The names and addresses of the initial member who will be managing the Company is as follows:

Lawrence R. Spira, M.D.  
7061 Cypress Road, Suite 104  
Ft. Lauderdale, Florida 33317

*Vicki Burrier*  
Signature of Vicki Burrier  
a member or authorized  
representative of a member

Date: 2-24-97

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of SOUTHEAST ACUTE SERVICES, 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 member(s) is \$1,000.00.
- 3) If any, the agreed value of property other than cash contributed by member(s) is \$ 0. A description of the property is attached and made a part hereto.
- 4) The total amount of cash or property anticipated to be contributed by member(s) is \$1,000.00. This total includes amounts from 2 and 3 above.

*Vicki Burrier*

Signature of Vicki Burrier  
member or authorized representative  
of a member

Date: 2-24-97

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

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: PHANTOM MEDICAL LEASING, L.C.
2. The name and address of the registered agent and office is:

Vicki Burrier  
c/o KRU Medical Ventures, LLC  
7061 Cypress Road  
Suite 104  
Plantation, FL 33317

FILED  
97 MAR -4 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Vicki Burrier*

Signature of Vicki Burrier  
member or authorized representative  
of a member

Date: 2-24-97

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.

Signature: *Vicki Burrier*  
Registered Agent

Date: 2-24-97