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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FALLACE & ASSOCIATES, P.A.
Account Number : I20000000191
Phone : (321)951-9900
Fax Number : (321)724-6002

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

OB/GYN Specialists of Brevard, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION
FOR
OB/GYN SPECIALISTS OF BREVARD, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is: OB/GYN Specialists of Brevard, LLC.

ARTICLE II - ADDRESS

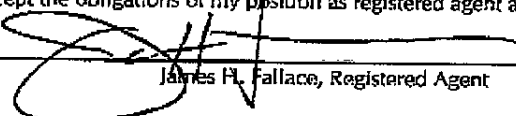
The mailing address and street address of the principal office of the Limited Liability Company is: 782 Sanderling Drive, Indialantic, Florida 32903.

ARTICLE III - REGISTERED AGENT

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

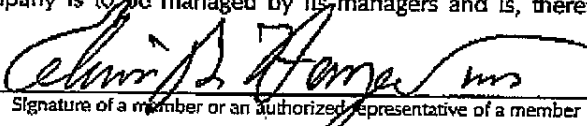
James H. Fallace
1900 S. Hickory Street, Ste. A
Melbourne, FL 32901

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 as provided for in Chapter 608, F.S.


James H. Fallace, Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member

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

Edwin B. Hayes

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