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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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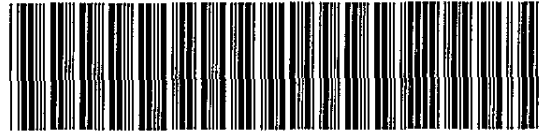
(Business Entity Name)

(Document Number)

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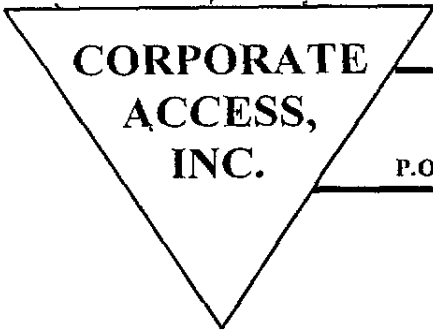
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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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CERTIFIED COPY \_\_\_\_\_ CUS \_\_\_\_\_

\_\_\_\_\_  
 PHOTO COPY \_\_\_\_\_  FILING LLC \_\_\_\_\_

1.) Wellmax Health Medical Centers II, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**WELLMAX HEALTH MEDICAL CENTERS II, LLC**

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**ARTICLE I - Company Name:**

The name of the Company is:

WellMax Health Medical Centers II, LLC

**ARTICLE II - Commencement and Term of Existence:**

The term of existence of the Company shall be for a period of thirty (30) years from the filing date of these Articles of Organization with the Department of State.

**ARTICLE III - Mailing Address of Company:**

The mailing address of this Company is:

c/o Marc H. Auerbach, Esq.  
201 S. Biscayne Blvd.  
Suite 2000  
Miami, Florida 33131

**ARTICLE IV - Street Address of Company:**

The street address of the principal office of the Company is:

c/o Alexander Fuster, Manager  
1205 S.W. 37<sup>th</sup> Avenue  
Suite #201  
Miami, Florida 33135

**ARTICLE V - Registered Agent and Registered Agent Address:**

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

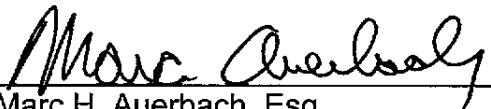
Marc H. Auerbach, Esq.  
201 S. Biscayne Blvd.  
Suite 2000  
Miami, Florida 33131

**ARTICLE VI - Management:**

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative of the members have executed the foregoing Articles of Organization as of the 23rd day of December 2003.


**AUTHORIZED REPRESENTATIVE:**

  
\_\_\_\_\_  
Marc H. Auerbach, Esq.

CERTIFICATE ACCEPTING DESIGNATION AS AN AGENT UPON WHOM SERVICE  
OF PROCESS WITHIN THIS STATE MAY BE SERVED

The following is submitted pursuant to Section 608.415 of the Florida Statutes:

Having been appointed registered agent of WellMax Health Medical Centers II, LLC, in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agrees to act in this capacity and affirms that he is familiar with, and accepts, the obligations of such position.

  
\_\_\_\_\_  
Marc H. Auerbach, Esq.

Dated: December 23, 2003