

Electronic Filing Cover Sheet

Note: Please print this page and use it as a over sheet. Type the fix audit number (shown below) on the top and bottom of all pages of the document.

(((H06000116606 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

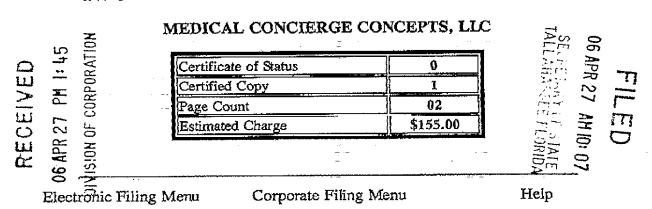
To:

Division of Corporations

: (850)205-0383 Fax Number

Account Name : FILINGS, INC. Account Number: 072720000101 : (850)385-6735 Phone : (954)641-4192 Fax Number

# FLORIDA/FOREIGN LIMITED LIABILITY CO.



M. HODGES

HO6000116606

# ARTICLES OF ORGANIZATION

OF

# MEDICAL CONCIERGE CONCEPTS, LLC

### ARTICLE I - NAME

The name of the limited liability company is Medical Concierge Concepts, LLC ("company").

#### ARTICLE II - ADDRESS

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

#### Principal Office Address:

Mailing Address:

600 Heritage Drive, Suite 100 Jupiter, Florida 33458

600 Heritage Drive, Suite 100 Jupiter, Florida 33458

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

Ian M. Berkowitz 2385 Executive Center Dr. Ste 190 Boca Raton, Florida 33431

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

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.

1106000116606

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Biokinetex, LLC

600 Heritage Drive, Suite 110 Jupiter, Florida 33458

REQUIRED SIGNATURE:

Signature of a member or an authorized reprodutative of a member.

(in accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affurnation under the penalties of perfury that the facts stated herein are true.)

Ian M. Berkowitz

Typed or printed name of signes.